



What is it?

A hydrocoele is the sac of clear fluid, which can exist around the testis or in the groin.

Background

In boys, the testes initially develop within the abdomen. In the seventh month of pregnancy, the testes pass through the inguinal canal (groin area) to the scrotum. The passage through the inguinal canal usually closes before, or shortly after birth. When the passage doesn't close, there is a persisting connection between the abdomen and scrotum. If the connection is narrow, fluid may flow through it, forming a fluid collection in the scrotum, around the testis. If the connection is bigger, tissue may push through it to form a hernia (see inguinal hernia information).

How does it present?

The hydrocoele will cause a swelling around the testis. Occasionally, the hydrocoele may cause a swelling in the inguinal canal. Sometimes the swelling will seem to be bigger at the end of the day and may be smaller when your child gets out of bed in the morning. The swelling may be noticed when your child has another illness or may get bigger at this time.

Doctors will usually be able to make the diagnosis by your description of the lump, and by their examination of your child. They may shine a torch through the scrotum to confirm their findings.

What tests are performed?

No investigations are usually required for the child with a hydrocoele.

What are the treatment options?

Most hydrocoeles shrink within a few months of birth. No treatment is needed.

If a hydrocoele is still present after 2 years, or is causing symptoms, surgery may be considered. The operation is called an inguinal herniotomy and is the same as the operation for inguinal hernia.

Surgery is performed under anaesthesia. A small incision is made in the skin crease at the groin. The hernia sac is separated and tied off. The hydrocoele fluid is released. The wound is closed with dissolving stitches and a dressing is placed.

(See operative and postoperative inguinal hernia sheets.)

What are the complications from surgery?

Bleeding and infection may occur after inguino-scrotal surgery, as for any operation.

There is a very small risk of damage to blood vessels supplying the testis or to the vas deferens (sperm duct).

What are the outcomes?

Surgery is usually curative. There is a very small chance of recurrence of the hydrocoele.

There is a risk to the growth of the testis if the blood flow is impaired. This may occur as a result of surgery, but the risk is very small in hydrocoele.

What is the follow-up?

Your child will need review of their wound and their testes size. An outpatient appointment will usually be made 4-6 weeks after operation.