



What is a hydrocele?

- A hydrocele is a collection of fluid in the scrotum around the testicle. The scrotum is the pouch that holds the testicle (see Figure 1).
- The fluid makes the scrotum look large.
- This condition is sometimes present at birth or it may develop later. It can occur on one or both sides of the scrotum.

How does a child get a hydrocele?

- During the eighth month of pregnancy, the testicles move from the abdomen (belly) into the scrotum.
- When the testicle travels downward, it brings a sac with it. The sac allows fluid to surround the testicle. This sac usually closes before birth, and the fluid is absorbed in the body.
- When the sac closes but the fluid stays in the scrotum, the hydrocele is called **noncommunicating** (closed) (see Figure 1 above). This type of hydrocele is often found in newborns. In most cases, the fluid is absorbed by the body and goes away in time. It may take up to one year for this to happen.
- When the sac does not close, the hydrocele is called **communicating** (open) (see Figure 2). This means that the fluid around the testicle can flow back up into the abdomen. You might notice that the hydrocele can vary in size due to movement back and forth of the hydrocele fluid (see Figure 2).

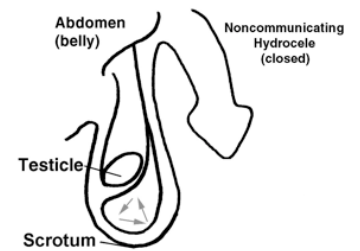


Figure 1

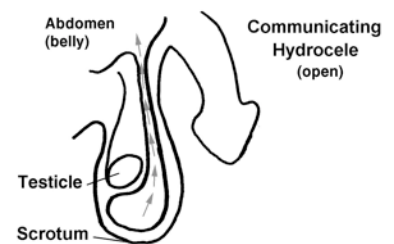


Figure 2

Are hydroceles dangerous?

- Hydroceles are not harmful to the testicles in any way.
- They do not cause discomfort.
- Sometimes, if the sac remains open, a loop of bowel (intestine) can push through the opening, creating an inguinal hernia. This makes the scrotum look even larger. If the scrotum suddenly appears very large and hard, and your child will not stop crying, call your child's surgeon right away. Your child may need immediate attention.

How is a hydrocele treated?

- Hydroceles usually go away with time in infants.
- If the hydrocele has not disappeared or significantly decreased in size by age one, or if the hydrocele becomes very large, your child may need surgery.

What is an adolescent hydrocele?

When boys enter puberty, they may develop an adult-type large noncommunicating hydrocele. At the very least, they deserve evaluation, as the hydrocele may be an early sign of a testicular tumor. They often require correction in order for the testicle on the involved side of the scrotum to be easily examined.

What happens on the day of surgery?

- You and your child will see both the surgeon and the anesthesia doctor before the operation on the day of surgery. You may have questions to ask them ahead of time.
- During the operation, your child will receive general anesthesia. This means that your child is in a deep sleep and feels no pain.
- Most children go home the same day as the operation. However, some spend a night in the hospital for observation.
- After surgery, your child will stay in the recovery room until ready to go home (able to drink without vomiting). Parents are welcome to stay with their children in the recovery room.

What happens after surgery?

- You will be given a written instruction sheet before going home that tells you how to care for your child.
- Most children have some discomfort after surgery. The doctor may prescribe pain medicine. Give pain medication as prescribed and instructed by your doctor or nurse practitioner. Please ask your child's doctor, nurse practitioner or pharmacist to explain any instructions that you do not understand.
- There are usually no stitches to remove. The stitches are under the skin and dissolve on their own.
- A clear, waterproof dressing or glue will cover the incision, which will be in the groin area.
- Your child may shower or have a sponge bath at home. Do not give your child a tub bath or allow swimming until 7 days after the surgery.
- Your child should not use straddle toys or bicycles, play sports or go to gym class for 3 weeks after surgery.
- Your child's doctor will ask you to make a follow-up appointment or phone call about 2 weeks after the surgery to check how the area is healing. At the follow-up visit, your doctor or nurse practitioner will tell you when it is safe to resume active play, gym class and sports.

When to call your child's doctor or nurse practitioner

Call if your child has:

- Increased redness, swelling or tenderness around incision site
- Bleeding or drainage from incision site
- Fever greater than 101°F
- Persistent vomiting
- Pain unrelieved by prescribed medication

Call if you have any questions or concerns.

Numbers to call

- Monday through Friday from 8 a.m.-6 p.m. call the Nurse Practitioners' Line at (617) 355-7716.
- After 6 p.m. on weekdays and on weekends and holidays, call the hospital page operator at (617) 355-7800 and ask to speak with the surgeon on-call.

This Family Education Sheet is available in [Arabic](#) and [Spanish](#).