

Hydrocele

Hydrocele is a relatively common condition in newborn boys. The scrotum (sac containing the testicles) becomes enlarged because of excessive fluid. Most of the time, hydrocele is a minor problem that clears up on its own. In more severe cases, or if your son has an inguinal hernia, a minor operation may be needed.

What is hydrocele?

Hydrocele is a collection of fluid in the scrotum. It is present in 1% to 2% of newborn boys. It occurs because of an abnormal opening between the scrotum and the abdomen. Most of the time, the opening closes by the time your baby is born, but occasionally it does not. This is called “noncommunicating” hydrocele; it generally clears up on its own by age 12 months.

If the opening is still present after 1 year (“communicating” hydrocele), the problem is less likely to clear up on its own. Some boys with communicating hydrocele also have a problem called an inguinal hernia, in which part of the intestine slips from the abdomen into the scrotum.

Minor surgery may be needed for hydroceles that are large or do not clear up on their own. Surgery is also needed if an inguinal hernia is present.

What does it look like?

- Swelling of the scrotum.
- Swelling may appear on one or both sides. It is usually painless.
- If the opening that caused hydrocele is still present, the swelling may seem small in the morning but get larger during the day.
- A bulge or lump may appear elsewhere in the groin area. This may be a sign of inguinal hernia.
-  Hydroceles are usually relatively small and painless. *If the swelling becomes large or painful, get medical help as soon as possible.*
- Rarely, older boys may develop hydrocele as a complication of another problem of the reproductive organs, such as:
- Testicular torsion (twisting of the spermatic cord leading to the testicles).
- Epididymitis (inflammation or infection of the epididymis, which carries and stores sperm).

What are some possible complications of hydrocele?

- An inguinal hernia may be present in boys with hydrocele that does not get better or changes in size.
- Otherwise, hydroceles rarely cause complications unless they grow very large.

What puts your child at risk of a hydrocele?

There are no known risk factors, and there is no known way to prevent hydrocele.

How is hydrocele treated?

- Most boys with hydrocele don’t need treatment. The hydrocele gradually goes away on its own, usually by age 1. The doctor will monitor your child’s hydrocele at regular medical visits.
- The doctor will examine your child to make sure that that hydrocele is the cause of the swelling and to check for an inguinal hernia.
- *Surgery* is recommended in certain situations:
 - If an inguinal hernia is present.
 - If the hydrocele is very large. This is because large hydroceles are unlikely to clear up on their own, and they make it difficult to be sure that an inguinal hernia isn’t present.
 - If the hydrocele is still present by ages 12 to 18 months.
 - During the operation, the surgeon will also repair an inguinal hernia if it is present.
- Hydrocele repair is a fast and safe operation with a low complication rate. Most children can go home from the hospital the same day as the procedure.
 - Children usually recover very quickly after hydrocele surgery. While your child is recovering, give pain medication and follow other instructions provided by the surgeon.

When should I call your office?

Call our office if:

- Your child still has hydrocele at age 12 months.
- The size of the hydrocele changes from day to day. (An inguinal hernia may be present.)

230 ■ Hydrocele

- Your child develops swelling or tenderness in the groin area.
- After hydrocele surgery, call the surgeon's office (or our office) if your child develops:
 - Significant pain or swelling in the groin area.
 - Vomiting.
 - Fluid draining from the surgical wound.