

Pediatric Conditions Hydrocele

What is an hydrocele?

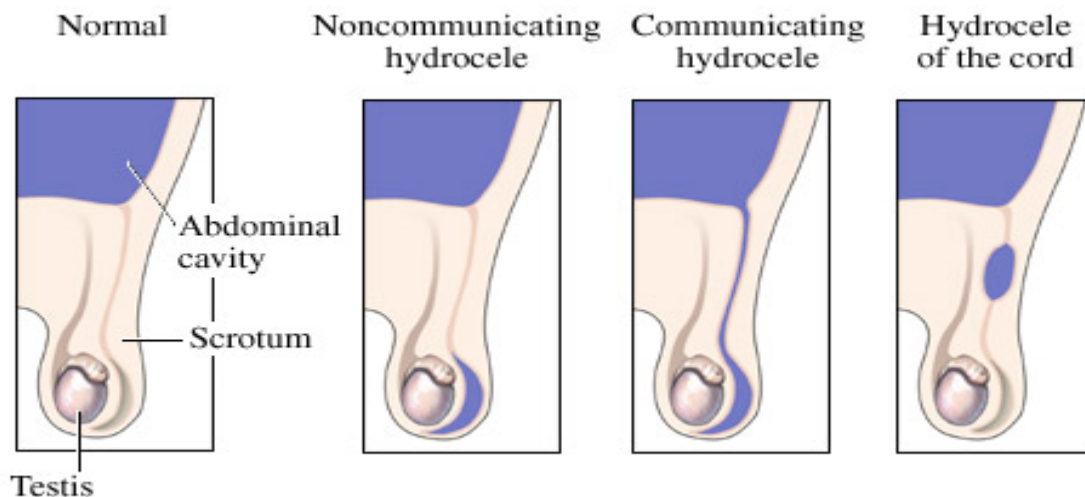
A hydrocele is a collection of fluid in the scrotal sac. This fluid can come from the abdominal cavity, or it can accumulate as a result of infection, inflammation, or lymphatic blockage of the contents inside scrotal sac.

Symptoms:

The baby or child's scrotum will appear swollen and may have some mild discomfort. Other than the swelling and mild discomfort, your child should have no other symptoms.

Types of Hydroceles:

- Communicating hydrocele – This is a hydrocele that has contact with the fluids of the abdominal cavity. A communicating hydrocele is caused by the failure of the processus vaginalis (the thin membrane that extends through the inguinal canal and descends into the scrotum) to close completely during prenatal development. If this membrane remains open, there is a potential for both a hernia and a hydrocele to develop. This condition can resolve on its own in the first 9-12 months but needs to be surgically repaired after that to prevent any further complications.
- Non-communicating hydrocele – This condition may be present at birth or might develop years later for no apparent reason. This condition can also resolve on its own in the first year of life. But if it grows or causes discomfort (it can put pressure on the testicle), it should be surgically repaired.



How is a hernia or communicating hydrocele repaired?

As the mechanism for the development of the two conditions is the same, the operations that correct them are very similar, varying depending on the severity of the condition. A small incision is made in the groin. Once the hydrocele/hernia is identified, the surgeon will empty the fluid from the sac, tie off the open canal, and the sac is opened and partially removed. Then the muscle wall is reinforced with stitches to prevent a reoccurring hernia or hydrocele. The surgery usually takes about an hour under general anesthesia and is typically done in an outpatient setting, allowing your child to go home the same day. All skin sutures used are absorbable so there are no stitches to remove in the office. The young child usually recovers very quickly from this operation and often resumes normal activities within a few days. The older child may take a bit longer recover but often can resume normal activity within 2 weeks.