Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Repair of Hydrocele

Version number: **9**
Last modified date: **12th November 2026**

Repair of Hydrocele

Patient Information

Day Surgery Ward 3, Leigh Infirmary

- Author ID: MW
- Leaflet ref: SW3 002
- Version: 9
- Leaflet title: Repair of Hydrocele
- Last review: June 2025
- Expiry Date: June 2027

Welcome to:

Day Surgery

Ward 3

Leigh Infirmary

The Avenue

Leigh

WN7 1HS

7:30am until 8:30pm, Monday to Friday, telephone **01942 264260 or 264261**

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home. If there is anything you are worried about that is not covered in this leaflet, please feel free to speak to a member of staff.

Operation for hydrocele

A hydrocele is a collection of fluid in a sac in the scrotum next to the testicle. The normal testis is surrounded by a smooth protective tissue sac. It makes a small amount of “lubricating fluid” to allow the testes to move freely. Excess fluid normally drains away into the veins in the scrotum. If the balance is altered between the amount of fluid made, and the amount that is drained, some fluid accumulates as a hydrocele. Surgical repair or removal of the fluid filled sac is performed through an incision in the scrotum under a general anaesthetic.

Benefits of surgery

1. Cosmetic
2. Reduction of scrotal size
3. Pain relief

Are there any risks involved with this procedure?

You should ask your surgeon’s advice about risks and their impact on you as an individual.

After surgery almost all patients will experience:

- Swelling, discomfort and bruising of your scrotum lasting several days.
- Your testicle will always feel “bulkier” than before.

(Between 1 in 10 and 1 in 50)

- Blood collection (haematoma) around the testes which resolves slowly or may require surgery to remove.
- Infection at the incision site or testis requiring antibiotics or surgical drainage.

(Between 1 in 50 & 1 in 250 patients)

- Recurrence of the hydrocele (fluid collection)
- Chronic pain in the testicle or scrotum.

Alternative therapy

- Observation.
- Removal of fluid with a needle. This is not curative as the fluid will build up again in a month or two.
- Various other surgical approaches.

Pre-Operative Assessment Clinic

At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood tests ECG's; as necessary. The nurse will advise you about your operation. He/she will explain to you about your pre- and post-operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work, etc. If you need a sick note, please ask the nurse on arrival to hospital

How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan.

Before you come into hospital

Before you come into hospital you will need to have a bath or shower. Please do not shave your operation site, as this will be done on admission prior to theatre.

Admission to hospital

On arrival to hospital, you will need to book in at the Admissions desk which is situated on the ground floor below ward3. You will then be directed to the ward; here you will meet your nurse and other members of the team who will be looking after you. The facilities and general routine of the ward will be explained to you.

Getting ready for the operation

The nurse who is admitting you will ask some routine questions about your general health, the medications you take and any allergies you have. You will be seen by your surgeon and anaesthetist. You will be asked to sign a consent form if you have not already done so, to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask. The surgeon will mark the operation site pre-operatively with a marker pen. The anaesthetist is the doctor who will give you your anaesthetic and look after you during the operation.

(Please note that you will be on a theatre list with several other patients, so please be prepared for a wait).

Going to theatre

You will be asked to put on a theatre gown. A nurse will check that you have a wristband on with your name, ward, and district number and that your documentation, consent is in order. (You will be asked the same questions by several staff on route to theatre, these are all safety measures.) A nurse will escort you to the operation suite where you will meet your anaesthetic nurse who will take you to the anaesthetic room where your anaesthetic will be administered.

After your operation

You will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small oxygen mask in place, this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure that you are comfortable. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest. Refreshments will be offered as soon as it is safe for you to have these.

Pain control

Expect some discomfort. You will have been given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate. You may or may not be discharged with pain relief therefore, it is recommended that you obtain your own simple analgesia such as, paracetamol and ibuprofen prior to admission.

Going home

You must make sure that a responsible adult can take you home in a car or taxi as you are unable to drive after an anaesthetic. You will need to go home to rest; and again, you must ensure that you have a responsible adult who stays with you for the first 24 hours after your operation. You should not drink alcohol for a minimum of 48 hours after your operation.

The wound

You will have dissolving stitches, which may begin to come away after a few days but can take up to two to three weeks to clear completely. If all is well, shower the day after your surgery. Pat the wound dry gently with a clean towel for the first seven days or so. Thereafter you may treat the wound normally. You should expect some swelling to the wound and testicles, which may feel hard and there may be some bruising. Wearing supporting underpants will help to reduce swelling and ease discomfort. A scrotal support will be provided.

What to look for

If you suffer from excessive pain, bruising or swelling of the testicles you should contact your own GP or the ward for advice or attend your local Accident and Emergency Department (01942 244000).

If you develop:

- a temperature
- increased pain
- redness
- drainage at the site of surgery.

Please contact your GP.

The first few days

Gently increase your activity over the first few days, little and often until you can do more each day.

You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to mobilize.

Work and activity

You can get a sick note from the ward for the first week. You will need to see your GP for any further sick notes. You should avoid heavy lifting or any other strenuous exercise for at least four weeks. You can return to normal activity when the pain has settled. Swelling of the wound or testicle need not prevent normal activity (if it is not severe). If you are concerned, seek advice. Sex will not harm you but may be painful in the first week or two. You should be able to return to work after about one to two weeks.

Driving

You may drive as soon as you are confident that you can do an emergency stop. One or two weeks is usual. Check with your insurance company.

Outpatients

You will not routinely be given an out-patients appointment, but should you have any concerns or would like some advice please ring Ward 3, 01942 264260 or 264261 or contact your GP.

This leaflet does not cover everything. We hope you will find it useful and that it will help towards making your stay in hospital less worrying. Try and read these notes a few times before you come in and bring them with you on admission. If you have any questions or worries prior to admission, please contact the ward. 01942 264260/61

Acknowledgement

Possible side effects and the ratios from the BAUS information leaflet.

The BAUS website includes a section dedicated to information for patients – please go to www.baus.org.uk/patients

The British Association of Urological Surgeons Limited registered in England and Wales.

Registered Charity No. 1127044

Registered Company No. 06054614



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