

200 Bowman Dr • Suite E-360 • Voorhees, NJ 08043 NJ 856-751-7880 • PA 888-876-7880 • Fax 856-751-9133

Gregory E. Dean, MD, FACS, FAAP Michael G. Packer, MD, FACS, FAAP Jonathan A. Roth, MD, FAAP Zarine R. Balsara, MD, PhD Charles W. Concodora, MD Lorileen Bautista, MSN, CPNP Diana London, MSN, FNP-BC Michelle Sheel, MSN, CPNP

Hydrocele vs. Hernia

What is a hydrocele?

A hydrocele is a collection of clear fluid located in the scrotum next to the testis. During the 3rd trimester of pregnancy, the testes, which form in the abdomen, descend down into the testicular sac through open channels. Some of the abdominal lining comes down with the testicle. Fluid produced in the abdomen can then move freely into the scrotum and back again. Fluid in the channels is considered a hydrocele. The channels usually close at birth but may remain open for up to one year of age.

What is a hernia?

A hernia occurs when a portion of bowel or intestines slips into one or both of the open channels through the inguinal ring. The mass feels soft and separate from the testicle. It can usually be pushed back up into the abdominal cavity or "reduced". There are usually no symptoms unless the portion of bowel is stuck or "incarcerated". In this case, the mass may not be pushed back up into the abdomen. The child may experience nausea, vomiting and pain. This is considered a medical emergency and requires immediate surgical intervention.

How are these conditions corrected?

Both conditions may require surgical intervention. Hydroceles are followed up until 1 year of age. If the channels have not closed off by then, the child needs surgical intervention. There is a chance the hydroceles may turn into a hernia in which intestine pushes into the open channel.

Incarcerated hernias are considered a medical emergency and therefore require immediate surgical intervention. However, hernias that are reducible may be corrected as a same day surgical procedure in a more elective fashion.

For both procedures, a small incision is made in the lower abdominal skin crease in the inguinal region. All of the stitches are dissolvable and are hidden beneath the skin. The incision will be covered with either steristrips (adhesive type bandage) or a thin clear plastic dressing. This dressing will either fall off on its own or be removed in the office at your first postoperative visit.

In some cases, the physician may perform surgery on one side and then explore the opposite side. If it is discovered that the other side is affected, the physician will close off this channel at the same time.

Will my child be asleep for the procedure?

The procedure is performed under general anesthesia by a pediatric anesthesiologist. Also, please refer to the handout on Pediatric Anesthesia.



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Can I stay with my child?

You will be able to stay with your child up until the time the child is taken back to the operating room. After surgery is complete, the physician will meet with you to discuss the details of the procedure. Your child will go to a post-operative care unit (PACU) for close monitoring and then back to the same day unit or 2nd stage recovery area before discharge. You may be able to see your child in the PACU depending on the circumstances of the unit. Otherwise, you will be reunited with your child in the same day unit or 2nd stage recovery area.

Will my child have pain after the surgery?

Generally, anesthesia given during the procedure will give pain relief in the first few postoperative hours. Please also refer to the handout of Pediatric Anesthesia. Tylenol or Tylenol with codeine will also be ordered for post-operative pain.

How will I care for my child when we go Home?

Many children are back to normal activity the same day or the following day. Straddle toys should be avoided for approximately 2 weeks. The clear dressing, if present, will fall off on its own or will be removed in the office. Bathing may resume the day following surgery.

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