



PROFESSOR

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Hydrocoele Repair

A **hydrocoele repair** is a surgical procedure to remove a hydrocoele which is a fluid-filled sac that develops around the testicle. While hydrocoeles are usually harmless, they can become uncomfortable or interfere with daily activities. This procedure is considered when the hydrocoele causes pain, swelling, or significant inconvenience.

What is a hydrocoele?

A **hydrocoele** is a **fluid collection within the sac surrounding the testicle**, known as the tunica vaginalis. This fluid is normally produced by the lining membrane, but in some cases it can accumulate excessively, forming a hydrocoele.

Hydrocoeles are **common and typically benign**. In most cases, there is no identifiable cause. However, hydrocoeles may occasionally be linked to:

- Scrotal infections (e.g. epididymitis)
- Trauma to the scrotum
- Previous scrotal surgery
- Testicular cancer

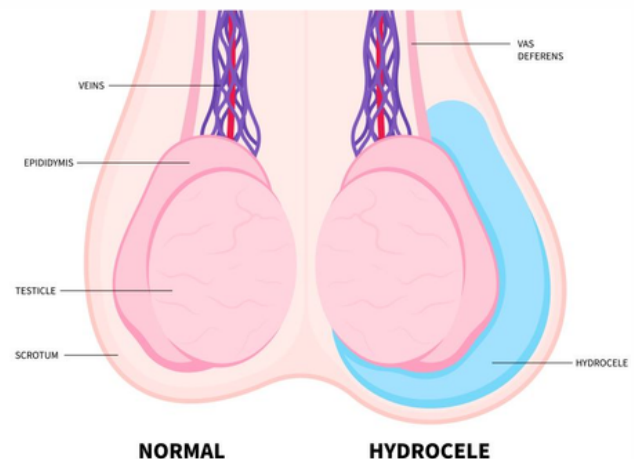


Diagram of hydrocoele.

Why is surgery recommended?

A **hydrocoelelectomy** (surgical removal of the hydrocoele) is not always necessary. However, Prof Lawrentschuk may recommend it if:

- The hydrocoele causes pain
- It interferes with daily activities or quality of life

What does the procedure involve?

Hydrocoelelectomy is typically performed under **general anaesthetic**, although spinal anaesthesia (numbness from the waist down) is also an option. Prof Lawrentschuk will help guide you to which option is best for you.

- A small incision is made in the scrotum.
- The fluid is drained, and the sac surrounding the testicle is partially removed.
- The incision is closed with dissolvable stitches.
- In some cases, a temporary plastic drain is inserted and removed within 1–2 days.

The procedure is **usually completed as day surgery**. Patients can often return home the same day, provided they are accompanied by a responsible adult. Occasionally, an overnight hospital stay is required.

Before surgery

You will be contacted 1–2 weeks prior to your scheduled procedure with specific fasting instructions and hospital admission details. You will also receive a link to complete your online admission forms.

It is important to advise the rooms if you are taking any **blood thinners** or any prescribed medications for **diabetes or weight loss purposes**. The rooms can be contacted on 9329 1197.

Following surgery

Recovering at home

Once discharged, please note the following:

- **Rest** for the first **1–2 days** after surgery is advised.
- **Supportive underwear** (e.g. jockstrap, speedos, or two pairs of tight briefs) should be worn for at **least one week**.
- Return to **sedentary work** is typically possible after **4–7 days**.
- **Gentle exercise** may resume after **approximately one week**.
- **Avoid strenuous exercise**, cycling, or heavy lifting for at least **four weeks**.
- **Swimming** should be **avoided** for **two weeks**.
- **Driving** can generally resume after **2–5 days**, once safe control (e.g. emergency braking) is possible.
- **Sexual activity** may resume when comfortable, usually **after two weeks**.

This procedure does not affect testosterone levels, sperm production, or erectile function.

Are there any alternatives?

The following alternative methods for hydrocoele repair are listed below:

- **Observation (no treatment)**: Appropriate if the hydrocoele is not causing discomfort or issues.
- **Aspiration**: Involves removing fluid with a needle. However, fluid typically reaccumulates within weeks.

If you are uncertain whether surgery is the best option, please speak to Prof Lawrentschuk to discuss what is most appropriate for your situation.

Possible complications

Common (1 in 2 to 1 in 10):

- Swelling and discomfort in the scrotum for weeks to months post-operatively
- Temporary reaccumulation of fluid in the scrotum
- Long-term firmness or irregularity of the testicle

Occasional (1 in 10 to 1 in 50):

- Recurrence of the hydrocoele

Rare (1 in 50 to 1 in 250):

- Bleeding in the scrotum requiring further surgery
- Infection requiring antibiotics or additional procedures
- Wound breakdown or delayed healing
- Urinary retention necessitating catheter insertion

Very rare (<1 in 250):

- Injury to the testicle, epididymis, or spermatic cord, potentially requiring testicle removal
- Chronic scrotal pain

When to seek help

Please contact **Professor Lawrentschuk's rooms** at (03) 9329 1197 or attend your nearest **Emergency Department** if you experience:

- Excessive pain that doesn't ease with medication.
- A fever over 38.5°C.
- Bright red blood coming from the scrotum.
- Excessive redness, swelling, or warmth in the scrotum.

Follow-up and monitoring

You will usually have a follow-up appointment with Prof Lawrentschuk within **6-8 weeks** after surgery to assess your recovery and evaluate the next steps needed.