

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

Procedure Information Sheet – Repair of a Scrotal Hydrocele

1. Introduction

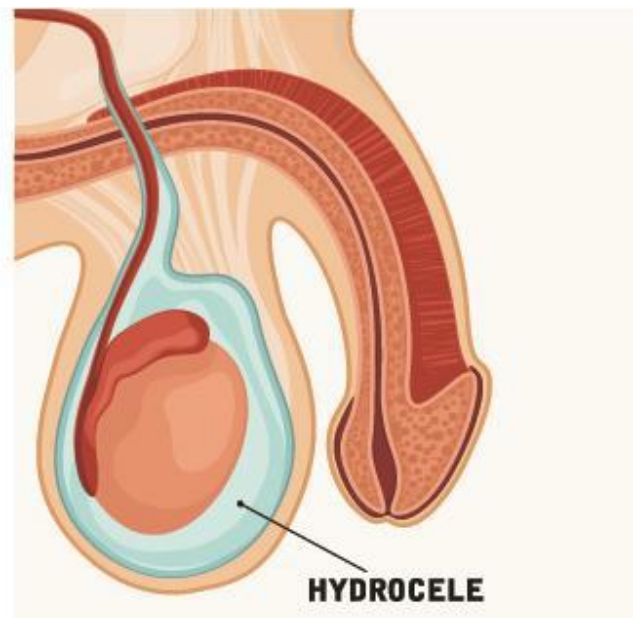
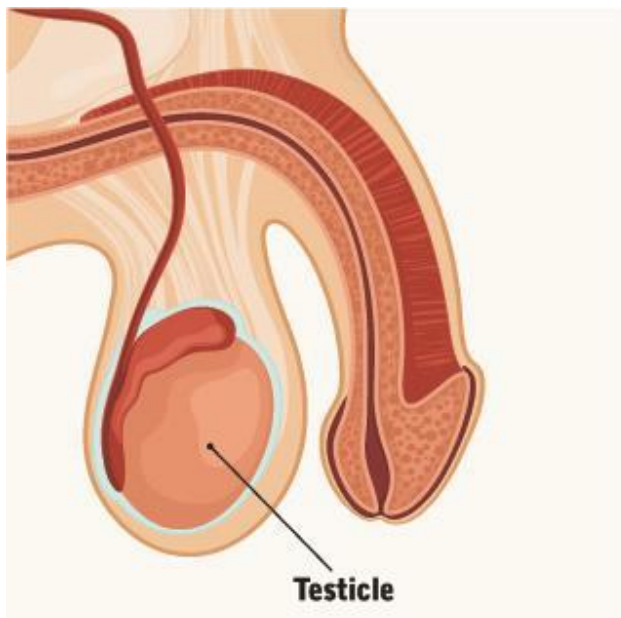
- 1.1. A hydrocele is a collection of fluid around the testicle.
- 1.2. It does not need treatment if it is small or causes no significant symptoms.
- 1.3. Aspiration or drainage with a needle can remove the fluid but it will re-accumulate very quickly and is not recommended.
- 1.4. After the surgery, testicle will feel 'bulkier' than before.

2. Procedural Preparation

- 2.1. A written consent is necessary.
- 2.2. Patient will be asked not to eat or drink for 6-8 hours (or instructed by doctor) before operation.

3. The Procedure

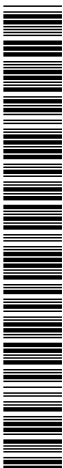
- 3.1. A procedure under general anesthesia or spinal anesthesia.
- 3.2. A small incision is made into scrotum and drain the fluid from the scrotal sac.
- 3.3. Using absorbable stitches to 'bunch up' the sac to prevent fluid from re-forming.
- 3.4. Sometimes the sac will be removed completely if it has a very thick wall.
- 3.5. Testicle will feel bulkier than the unaffected testicle.
- 3.6. Close the skin with dissolvable stitches that will disappear after two to three weeks.



4. Possible Risk and complications

- 4.1. Swelling, discomfort and bruising of scrotum last for several days
- 4.2. Hematoma around testicle which resolves slowly or needs surgical removal
- 4.3. Wound drainage infection
- 4.4. Recurrence of the hydrocele (fluid collection)
- 4.5. Chronic pain in testicle or scrotal
- 4.6. This list is not exhaustive and rare complications cannot be listed.

5. Remarks



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5.1 This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

6. References

6.1 The British Association of Urological Surgeons (BAUS) Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

