

Surgery to treat your child's Hydrocele (PPV Ligation)

Children's Hospital Ward 10

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Information for Patients, Parents & Carers

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What is an hydrocele?

Before your baby is born, they form a tunnel that crosses the join of the leg and pelvis (the groin). This tunnel carries blood vessels.

In boys, it carries the tube that the sperm travels along (the vas) from the testis.

In girls, there is a ligament to the labia that can pass through the tunnel.

This tunnel normally closes completely. If it stays open, fluid from your baby's tummy (abdomen) can drain through it. This causes fluid to build up in the groin or in the testis (in boys). This is called a hydrocele.

Girls can also get hydroceles in this area, but this is very rare. Hydroceles are different from inguinal hernias. Inguinal hernias look like a bulge or lump in the groin. The bulge can also be found in the scrotum or labia.

How is it treated?

We will need to do a surgery called PPV ligation. In the surgery we will need to make a small cut in the groin over the area of the hydrocele. We will then close the tunnel and stop the fluid draining.

The surgery is often done as a day surgery. Your child will go home on the same day.

We will use dissolvable stitches. This mean you do not need to have them taken out later.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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Are there risks of any complications?

- **Injury to the testicular vessels.** This means the testicle does not grow to full size and may shrink away. This is because the sac is near to these blood vessels. The blood vessels may get damaged during surgery. This happens in 1 in 10,000 cases.
- **Injury to the sperm tube (vas deferens).** This is because of how near the sac is to the tube. If this is damaged there is a chance this could affect your child's ability to have children in the future (fertility). This happens in 1 in 10,000 cases.

The above complications are rare. We will review you child in 3 to 6 months time. The doctor will talk about any problems at that time.

- **Wound infection.** The wound may look red and have pus. Your child will also probably get a temperature and feel unwell. We will give your child antibiotics if this happens. This may happen in 1 in 1000.
- **Bruising and swelling.** Most of this will settle on its own. This may happen in 1 in 100.

The risks of the surgery are rare. The risk of complications can be higher if the hydrocele is left untreated.

Aftercare advice after discharge

- Babies, infants and young children often recover quickly.
- Your child can have their feeds/ food and drink as soon as they woken up.
- A certain amount of discomfort after the surgery is normal. We would advise regular pain relief for at least the first 48 hours (2 days) after. We will talk about this with you. We will tell what pain relief you can give and what dose to give, before you go home.
- Keep the wound dry for 48 hours (2 days) after the surgery.
- We often use dissolvable stitches on any cuts to the skin. The stitches should go away on their own after a few weeks.
- If your child is at school they should be well enough to return after a few days. They will need to be careful and avoid PE/ sport for 2 to 4 weeks. Children will find their own boundaries and general play is fine if they feel able to.
- We will tell you if a follow-up appointment is needed. We will send you an appointment letter through the post to attend the outpatient clinic.



What to expect with the wound:

- Should heal by itself.
- Will have a certain amount of swelling.
- A small amount of oozing can be expected.
- It will look bright pink.

Contact ward 10 for advice or go to the Children's Emergency Department if the wound:

- Starts to bleed.
- Becomes red and more painful to touch.
- Starts to discharge pus.

Contact details

- Your GP, if well you do not need to see GP.
- Ward 10: **0116 258 5362**.
- If you have any concerns about your child's surgery please contact your consultant's secretary.

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