HYDROCELE

Hydrocele: from Hydro (water) and cele (cavity)

Hydroceles are benign cysts of the scrotum. They are very common and more often than not need no treatment. Hydroceles are not cancerous nor will they become cancerous. They are most often confused with spermatoceles, another benign cystic disease of the scrotum.

ANATOMY

To understand hydroceles one must understand the anatomy of the scrotum, or the sac that contains the testicles. Normally every male has two testicles within the scrotum. The testicles' main functions are to produce the male hormone testosterone and to produce sperm. Normally the testicle is situated in a special sac that bathes the testicles with body fluids. This sac is called the 'processus vaginalis'. The sac and its fluid have nothing to do with testes performance and are merely a result of the development of the testicle.

CAUSE OF HYDROCELES

Normally the testicle exudes or sweats a small amount of fluid (not sperm) from its outside covering and the sac's responsibility is to reabsorb this fluid.

Under certain circumstances, such as previous trauma or infection, but usually for no reason at all, this sac has difficulty reabsorbing the fluid. This results in a build-up of the fluid in the sac, thus the hydrocele. Very rarely the hydrocele is caused by a cancer or serious infection of the testicle. While these occurrences are rare, it is important that the cause of the hydrocele be investigated. Usually the investigation requires only a physical examination and occasionally an ultrasound of the scrotum if the hydrocele is large enough that the testicle within it cannot be examined properly.

In many instances hydroceles remain small, the fluid build-up is not significant and remains relatively soft. In other instances the hydroceles continue to enlarge and can become five to six inches or larger in size!
Most of the time hydroceles are painless. However, they can enlarge enough to make clothing uncomfortable, or at least tight fitting.

**Hydrocele**

Hydroceles do not usually go away without treatment. Fortunately most hydroceles require no treatment. If the hydrocele is not causing pain or is not so large that clothing is uncomfortable or unsightly, the hydroceles can be left alone.

If the hydrocele does require treatment, surgical removal is recommended. Surgery is usually done as an outpatient and requires less than an 1/2 hour to perform. A general spinal or even local anesthetic can be used for the procedure. Most patients will need to stay off their feet for three to five days and reduce activity for a week.

Risks of the surgery include bleeding, pain and infection as is associated with any surgical procedure. Another risk is recurrence of the hydrocele. The recurrence rate is about 1-2%.

Hydrocelectomy should not affect either the sperm or hormone production of the testicle.

**OTHER TREATMENTS**

Other treatments for hydrocele include aspiration and aspiration with injection of sclerotic agents. Aspiration means sticking a needle through the skin into the fluid sac and withdrawing the fluid with a syringe. I personally do NOT recommend this technique because the hydrocele will almost always return and the chance of infection is not insignificant. Some physicians have had success injecting sclerotic or scarring agents into the hydrocele cavity. This scarring prevents recurrence of the hydrocele in some cases. This technique has not achieved much acceptance in the United States because of the discomfort, sometimes permanent, and the chance of infection.

If you have any questions about hydrocele or the removal of hydrocele, please don't hesitate to ask.