Caring for Your Child
Hydrocele/Hernia Repair for the Urology Patient

A hydrocele occurs when fluid collects in the scrotum and causes it to swell. This may or may not be accompanied by a hernia. A hernia is present when bowel or membranes known as omentum pushes through the abdominal wall either in or above the scrotum. A hydrocele/hernia may be on one or both sides. These conditions can occur when the opening between the abdomen and the scrotum do not close after birth.

How often do these conditions occur?
- 3-5% of full term infants have a hernia or hydrocele.
- Prematurity and low birth weight can increase the chance for a hernia or hydrocele.
- Hernia’s usually occur in newborns but may appear weeks, months or years after birth.

Hydroceles appear as swelling in the scrotum. It usually appears larger at the end of the day or with increased activity. Hernias appear as a buldge in the groin.
After the Operation
Your child will go home on the same day as his surgery.

Dressing
Your child will have an incision in his groin area. The incisions may be covered with a Dermabond or a small dressing. Dermabond is a clear dressing that will fall off on its own. It does not need any special care. Your child will have stitches underneath the skin, which will dissolve. They do not need to be removed.

Appearance
Scrotal swelling and black and blue discoloration is normal after the surgery and like a black eye, will slowly go away over the next three weeks.

The incisions may feel lumpy after surgery; this is the “healing ridge”. It is normal. The incision will become smooth over the next six months.

If your child has bleeding that is soaking the dressing, apply gently pressure, not letting go, for 10 full minutes. If he continues to bleed, call the urology office.

Diet
Your child can begin eating when he gets home. Start with clear liquids (apple juice, popsicles, water ice). Add solid food slowly and in small amounts. Your child may vomit from the anesthesia on the day of surgery. This should stop by the morning after surgery. Call the urology office if the vomiting does not stop.

Bathing
Your child may take a bath or shower 24 hours after surgery.

Activity
Your child may not ride straddle toys (bikes, walkers, swings) for 2 full weeks after surgery. You should continue to use your car seat.

- Your surgeon will tell you when your child may swim in a pool.
- He may return to school when comfortable, usually within 3-5 days.
- Your surgeon will tell you when he may return to gym class or sports.

Medication
Pain: Your surgeon will prescribe pain medication to be sure that your child is comfortable. The directions for the medications will be reviewed with you before your discharge.
Bowel Movements
Your child should have regular bowel movements. Give him juices, fruits, and vegetables to prevent straining. Do not let your child get constipated. If your child does not have a bowel movement 24 hours after surgery, you may give him a pediatric glycerin suppository. These are available without a prescription, and should be given as directed on the bottle.

Post-op visit
After you return home, call the urology office to schedule your follow-up appointment. Your surgeon will let you know when he will need to see you back in the office.

Call the doctor if:
- You see any signs of infection: redness along the incision site, increased swelling, foul smelling drainage from incision
- Your child's pain gets worse or is not relieved by Tylenol
- There is bleeding from the incision that does not stop after 10 full minutes of gentle pressure (small ooze of blood from the incision the first day or two is normal)
- Your child has a temperature of 101.5°F by mouth or 102.5°F rectally
- You have any questions or concerns

Phone Numbers
Monday-Friday 8:30-4:30: 215-590-2754