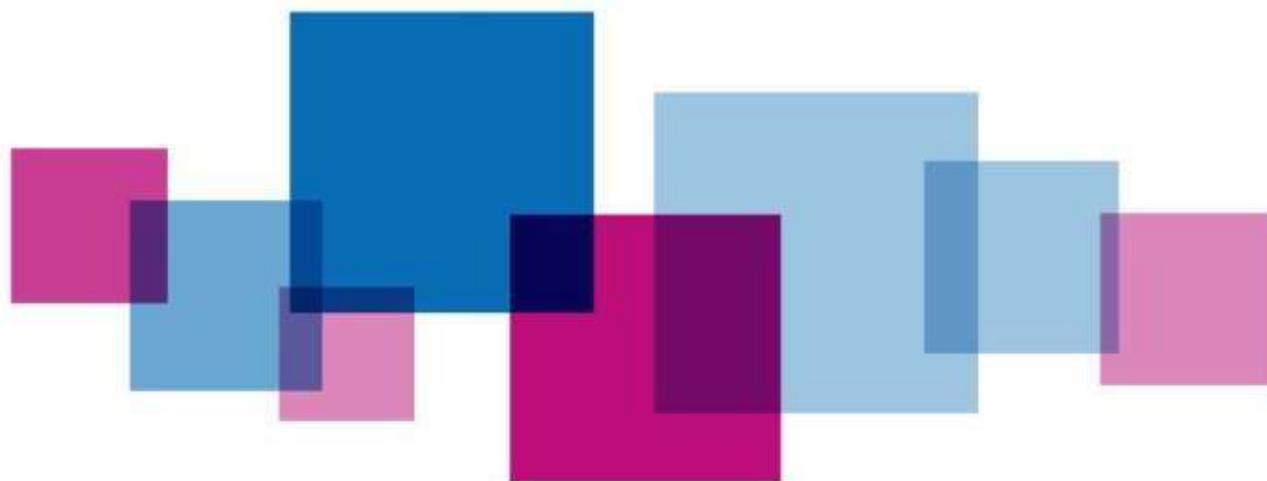


Commissioning Policy

Hydroceles- Surgical Removal – under 16 years of age

Prior Approval



Date Adopted: 1st April 2019

Version: 1819.3.01

Document Control

Title of document:	Hydroceles – Surgical Removal –16 years and under
Authors job title(s):	Commissioning Policy Development Manager
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Version Control

Version	Date	Reviewer	Comment
1819.2.00	14.08.18	IFR Coordinator	Draft policy collated
1819.2.01	03/09/18	IFR Coordinator	Amendments made to criteria following clinical feedback
1819.2.02	05/11/18	Commissioning Policy Development Manager	Options drafted for clinical discussions with Urology.
1819.3.00	12/11/18	Commissioning Policy Development Manager	Standalone under 16s policy created following 2 x meetings with Urology. Over 16s policy to remain as an IFR as per adoption 13 th October 2017 until sufficient data available to support review, name change



1819.3.01	x/12/18	Commissioning Policy Development Manager	Amendments following CPRG discussion
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**THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND
PRIOR APPROVAL MUST BE SOUGHT PRIOR TO REFERRAL**

THIS POLICY RELATES TO ALL MALE PATIENTS UNDER 16 YEARS

Hydroceles in Male Patients under 16 years

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The ICB does not commission surgery for cosmetic purposes alone (Cosmetic Surgery NHS Choices).
2. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
3. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy.
4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. Patients with an elevated BMI of 30 or more may experience more post surgical complications including post surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and further damage to the voice box and improve healing. (ASH, 2016)



7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.
8. In line with the published document “Guidance - Who Applies for Funding?”, where referrals to secondary care are accepted without funding approval having been secured, responsibility for securing funding approval will fall to secondary care.
9. **The policy does not include patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.**

Background

Hydroceles (fluid collection around the testicles) may be present at birth and are common, affecting around one male baby in every ten. They do not usually require treatment as they often disappear on their own during the first 2 years of life (NICE). This policy support this view and therefore does not apply to patients under 2 years of age.

Less commonly, hydroceles can develop in adult men and may follow infection, injury or radiotherapy.

Referral for another opinion should be made where there is diagnostic uncertainty, e.g. in the case of apparent ‘hydrocele’ in a child that has not been present from infancy. Such cases should be referred to the GPSi Paediatric Service in Bristol or to the Paediatric Urology or Surgery Department at Bristol Children's Hospital for referrals from North Somerset and South Gloucestershire.

Hydroceles may occur in both genders; however this policy only considers Hydroceles in Males over 2 years old.

Pain associated with Hydroceles in Males

Hydroceles are characterised as a non- painful, soft swelling of the scrotum (one or both sides). The overlying skin is not tender or inflamed.

Investigations

Investigations are not normally required for a simple hydrocele but are essential if there are any doubts in the diagnosis or any suggestion of an underlying cause. Failures to clearly



delineate the testis, tenderness on palpation, or internal shadows on transillumination, are all indications for further investigation.

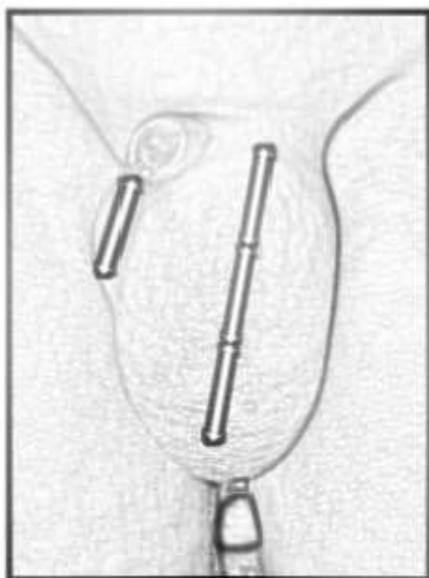
- Ultrasounds can help determine if any underlying pathology is present. Spermatoceles can be clearly distinguished.
- Duplex sonography may provide information about testicular blood flow when a hydrocele may be associated with chronic torsion of the testis.
- Diagnostic aspirations should be avoided, as they may lead to the spread of malignant cells.
- Serum alpha-fetoprotein and human chorionic gonadotrophin levels help to exclude malignant or other germ cell tumours.
- Therapeutic aspirations should be avoided as this may complicate future surgery and should only be offered where a patient is unlikely to be fit for surgery.

This policy relates to Simple Hydroceles only in patient under 16 years.

Referrer guidance for measurement to secure funding in relation to criteria 2 :

For illustrative purposes only not to scale

Measurement of hydrocele length



Left side measures >3 times length of right side

Please measure lengthwise and not width.

Policy - Criteria to Access Treatment – PRIOR APPROVAL REQUIRED

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting criteria set out below and all conservative methods available primary care have been exhausted and are fully documented within the patient's primary care records.

1. The patient is over 2 and under 16 years of age

AND

2. The patient has a hydrocele that is at least 3 times the length of the contralateral hemiscrotum based on clinical examination

AND

3. The hydrocele has been present at this size for a minimum of 6 months and this is clinically recorded within the patient's primary care records.

Restrictions:

It is expected that less than 10 patients a year will undergo this procedure; if more than 12 patients a year undergo the procedure, mechanisms of review of the commissioning and contracting will be initiated between providers and lead commissioners

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB’s Exceptional Funding Panel upon receipt of a completed application form from the patient’s GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net

Connected Policies

- **Hydrocele in Male Patients over 16 years**

This policy has been developed with the aid of the following references:

Hall.N., R. E. (2011, 12). *www.sciencedirect.com*. Retrieved 09 12, 2018, from Science Direct: <https://www.sciencedirect.com/science/article/pii/S0022346811006816>

Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. *Tijdschrift voor Geneeskunde*, vol./is. 70/4(187-192).

NICE. (n.d.).

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes for challenge

N11	Operations on hydrocele sac
N11.1	Excision of hydrocele sac
N11.2	Plication of hydrocele sac
N11.8	Eversion of hydrocele sac
N11.9	Other specified operations on hydrocele sac



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