

# Hydroceles in Patients 16 years or over

## Prior Approval

For patients 16 Years and older

### Policy - Criteria to Access Treatment – PRIOR APPROVAL REQUIRED

Funding Approval for surgical treatment will only be provided by the CCG for patients meeting criteria set out below and are fully documented within the patient's primary care records.

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

or

Where the position / size of the hydrocele is causing the patient significant difficulties urinating.

or

Where there is an ulceration or breakdown of the skin associated with or caused by the hydrocele.

<https://remedy.bnssgccg.nhs.uk/>

## BRAN

For any health- related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

## Benefits

Hydrocele surgery:

- Reduce the impact of the scrotal swelling.

## Risks

All surgery has surgical and anaesthetic risks.

Possible risks or complications from having a hydrocele repair are:

- Swelling, bruising, discomfort within the scrotum for several days after surgery
- Long term “bulky” feeling within scrotum
- Haematoma (blood collecting within scrotum) which may resolve on its own or need surgical removal
- Infection of the testicle or wound requiring antibiotics
- Recurrence of the hydrocele
- Complex scrotal pain

## Alternatives

- Continue to treat condition conservatively

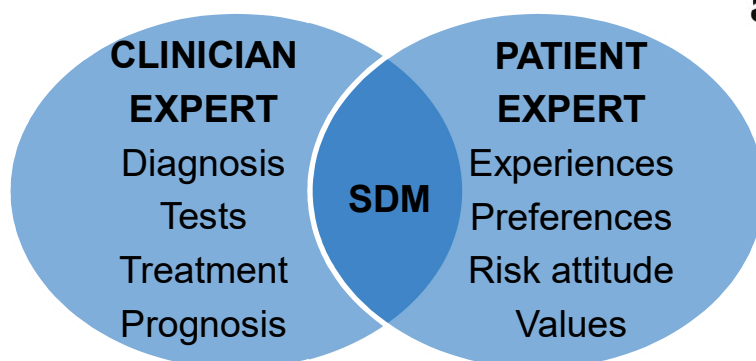
## Do Nothing

- Continue to treat conditions conservatively. Hydroceles will not resolve by themselves unless they are caused by a precipitating factor such as trauma or infection.

## Shared Decision Making

If a person fulfils the criteria for hydrocele treatment, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. This includes their preferences and values. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

## Hydroceles In Patients 16 years or older – Plain Language Summary

Hydroceles can develop in adults and may follow infection, injury or radiotherapy.

### 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

A scrotal ultrasound should be performed to confirm diagnosis and check the underlying testicle has normal appearances.

There is no indication for diagnostic aspiration.

There is no indication for therapeutic aspirations unless a patient is not fit and unlikely ever to be fit for surgical treatment. The fluid will re-accumulate rapidly and will only provide temporary relief.

There is no indication for testicular tumour markers if the underlying testicle is normal on ultrasound.

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

1. National Health Service (2019) Health A to Z: Testicle lumps and swellings [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
2. NICE (2019) Scrotal pain and swelling (Clinical Knowledge Summary) [www.nice.org.uk](http://www.nice.org.uk)
3. Patient Platform Limited (2016) Professional Article: Hydrocele in Adults [online] [www.patient.info](http://www.patient.info)
4. British Medical Journal (2018) Professional Article: Hydrocele [online] <https://www.bmj.com/>

## **Connected Policies**

Hydroceles – Surgical Removal –16 years and under

## **Due regard**

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

**Document Control**

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**OPCS Procedure codes**

Must have any of (primary only):  
N11, N11.1, N11.2, N11.8, N11.9

**Support**

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](mailto:BNSSG.customerservice@nhs.net).