

# Hydroceles in Patients over 16 years of age

**Prior Approval  
For patients 16 Years and older**

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk/](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available.

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

1. The patient has a hydrocele that is at least 3 times the length of the contralateral hemiscrotum based on clinical examination. (Where there are bilateral hydroceles these should be considered against what the size would have been in normal anatomy)

**OR**

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

**OR**

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

**NOTE:**

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

For guidance please see [www.remedy.bnssg.icb.nhs.uk/](http://www.remedy.bnssg.icb.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

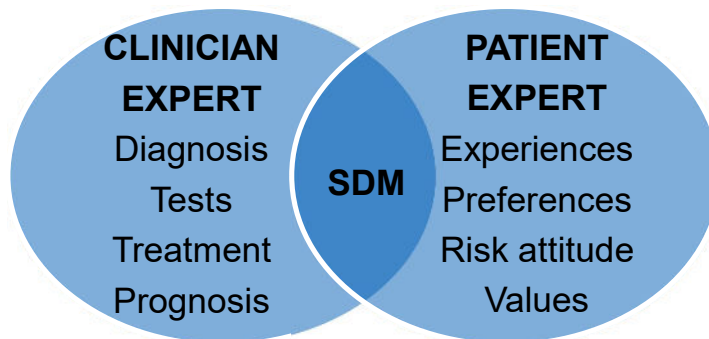
### **Do Nothing**

- 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 Over 16's – Plain Language Summary**

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

### **Pain associated with Hydroceles**

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 (2023) Health A to Z: Testicle lumps and swellings [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
2. NICE (2023) Scrotal pain and swelling (Clinical Knowledge Summary) [www.nice.org.uk](http://www.nice.org.uk)
3. Patient Platform Limited (2023) Professional Article: Hydrocele in Adults [online] [www.patient.info](http://www.patient.info)
4. British Medical Journal (2023) Professional Article: Hydrocele 1104 [online] [Hydrocele - Symptoms, diagnosis and treatment | BMJ Best Practice](#)
5. National Library of Medicine (2020) Aspiration and sclerotherapy of hydroceles and spermatoceles/epididymal cysts with 100% alcohol (31628703) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)

**Due regard**

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning 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 ICBs are responsible, including policy development and review.

## Document Control

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## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

<b>Policy Category</b>	<b>Approval By</b>
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

## 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).