

# Hydroceles in Patients under 16 years of age

## Prior Approval

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.

### Hydroceles in Patients under 16 years

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. Where there is diagnostic uncertainty regarding malignancy 2ww referral should be considered.

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. (Where there are bilateral hydroceles these should be considered against what the size would have been in normal anatomy)

**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.

#### Notes:

1. Referrals should be made to the paediatric surgery department at Bristol Children's Hospital via Electronic referral service.
2. Surgery for Children under the age of 2 is not commissioned as the majority of these resolve.
3. 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.

## 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

Your child will no longer have the hydrocele.

Surgery should prevent your child from having discomfort or embarrassment caused by the hydrocele getting larger as he gets older.

### Risks

- Pain
- Bleeding
- Unsightly scarring of the skin
- Infection of the surgical site (wound)
- Developing a collection of blood or fluid under the wound or in the scrotum
- Damage to nerves that supply the skin around the groin
- Damage of the blood supply to the testicle
- Damage to the vas  
Risk of damaging nearby structures: the nearby structures we take special care around with boys in this operation are the blood vessels and sperm tube to the testicle on the side of the operation.
- If the blood vessels to the testicle are damaged it can lead to the testicle being small a risk of the of the hydrocele recurring, this risk is around 1 in 100. Recurrence can happen shortly after the operation or further down the line. If this happened the child would require a further operation to repair, it.

### Alternatives

Surgery is usually recommended if the connection has not closed by three or four years of age and if there is also an associated hernia

### Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

## Hydroceles in Patients under 16 years – Plain Language Summary

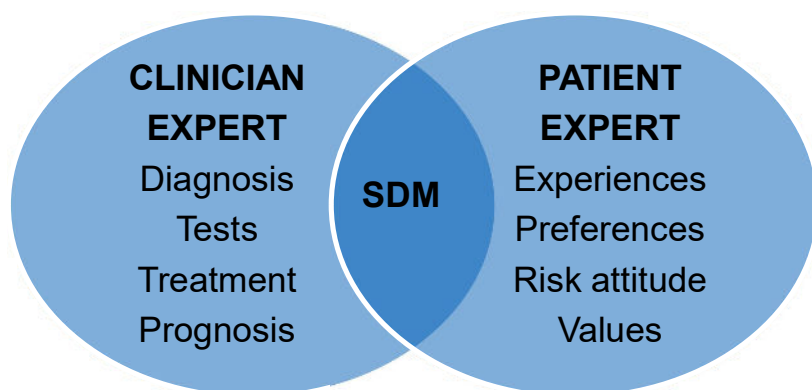
Hydroceles (fluid collection around the testicles) may be present at birth and are common, affecting around one baby in every ten. They do not usually require treatment as they often disappear on their own during the first 2 years of life (NICE). This policy support this view and therefore does not apply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

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

### Shared Decision Making

If a person fulfils the criteria for hydrocele surgery & or assessment 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. 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? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

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

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 - Hydrocele (Clinical Knowledge Summary) [www.nice.org.uk](http://www.nice.org.uk)
3. Patient Platform Limited (2020) Professional Article: Hydrocele in Children [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).

