HYDROCELECTOMY PROCEDURE INFORMATION

A **Hydrocelectomy** is a surgical procedure that involves removal of a hydrocele. (a fluid filled sac inside the scrotum) A hydrocele can happen on one or both sides of the scrotum.

A small cut (incision) is made on your scrotum to drain the fluid from the hydrocele and to remove the fluid-filled sac. This surgery is done to remove the fluid and to stop the buildup of fluid in the scrotum.

What are the alternatives?
• Observation – no intervention if your hydrocele is small or is not bothersome
• Aspiration (drainage) with a needle – this removes the fluid but it will re-accumulate very quickly and is not a curative treatment; it may also introduce infection.

WHAT TO EXPECT DURING THE PROCEDURE:
You will have a general anesthetic. A small incision is made into the scrotum and fluid is drained from around your testicle. The sac which holds the fluid is closed using absorbable stitches to prevent the fluid from re-forming. In some cases the sac is removed completely. Your testicle will always feel bulkier than the unaffected testicle. Dissolvable stitches are used to close the incision, which will dissolve after two to three weeks. We will usually apply a topical glue to cover the incision that will dissolve on its own in approximately one week.

RISKS OF PROCEDURE:

- Bleeding / Bruising
- Infection
- Bulky feeling around the testicle
- Anesthesia reactions/complications
- Chronic Pain
- Hydrocele recurrence

PRIOR TO YOUR PROCEDURE:
You will be scheduled in office two weeks before your procedure date for a pre-operative appointment to answer any questions. You will have prescriptions needed for the procedure sent to your pharmacy at this time.
Know the arrival time and date of your procedure.
If your procedure is canceled or must be rescheduled we will notify you as soon as possible and discuss potential dates for rescheduling surgery.

Please fill all prescriptions that we give you and read the instructions on the bottle. These prescriptions will have been given to you at your preoperative appointment or when we call

prior to your procedure.
Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these Medications.

You must notify your provider if you are taking any **SGLT2 inhibitors** such as

- Brenzavvy (bexaglifloxin)
- Inovokana (canaglifozin)
- Farziga (dapagliflozin)
- Jardiance (empagliflozin)
- Steglatro (ertugliflozin)

OR any **GLP-1 receptor agonists** such as

-Ozempic (semaglutide subcutaneous)
-Trulicity (dulaglutide)
-Bytetta (exenatide)
-Bydureon Bcise
-Victoza (liraglutide)
-Adlyxin (lixisenatide)

If you take any **blood thinners** on the following list, this will need to be discussed with your provider. Do not stop these medications on your own. According to the schedule below, unless otherwise noted by your cardiologist or Dr. Trotter/Dr. McClintock.

o Plavix (Clopidrogel)
o Pradaxa (Dabigatran)
o Xarelto (Rivaroxaban)
o Elquis (Aphixaban)
o Effient (Prasugel)
o Brillinta (Ticagrelor)
o Aspirin or Baby Aspirin
o Fish Oil
o Meloxicam

Medications Prescribed For Your Procedure: Please read the instructions below and ON THE MEDICATION BOTTLES for when, why and how to take them.

1. Keflex (cephalexin), Bactrim (trimethoprim /sulfamethoxazole) or Doxycycline. These are antibiotics. You are to start the antibiotic the day before the procedure and complete the course as prescribed. It may cause GI upset.
2. Tylenol with Codeine. These are optional narcotic pain medications. They are to be taken if needed for SEVERE pain after the procedure. Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation and drowsiness. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these medications.

WHAT TO EXPECT AFTER THE PROCEDURE:
You will be responsible for the care of the sutures/incision.
You may shower 48 hours after the procedure and the incision(s) left to air dry.
Keep the area clean and dry. Do not soak/submerge sutured areas until cleared by your provider.
Bruising/Swelling is normal. You may indirectly apply ice packs (frozen pea packs) wrapped in a towel for 15 minute intervals per hour to the affected area for the first 48-72 hours.
Wear scrotal support when up for at least one week after the procedure.
You may elevate the scrotum when resting by placing a rolled towel underneath.
It is important to support your scrotum when you are up and moving around.
It is important to move after surgery, although avoid strenuous physical activity for 2-3 weeks post-surgery or until cleared by your provider. Avoid lifting > 10 lbs. for the first 2-3 weeks after the procedure or until cleared by the provider.
Abstain from all sexual activity, including masturbation, until you are seen for your postop follow up.

CONTACT OFFICE WITH ANY CONCERNING SYMPTOMS INCLUDING:
-Fever or 101 F degrees Fahrenheit or higher.
-Discharge from the incision that is yellow/green or foul smelling.
-Painful swelling to the incision site or genital area.
-Redness of the genital area that appears to be spreading.
-Uncontrolled vomiting

Important Contact Information
Midtown Urology
911 W. 38th Street, Suite 200
(512) 451-7935 phone
(512) 451-7965 fax

If you need to reach the doctor after hours for an urgent matter, please call our office at 512-451-7935 and follow the prompts to be connected with the on-call provider.

You may also go to Seton Main Emergency Room on 38th and N. Lamar. Please only go to this hospital as our physicians have privileges there.

Hospital for Emergencies
Seton Main Medical Center
1201 W 38th St, Austin, TX 78705

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