



LIGATION (TYING OFF) A PATENT PROCESSUS VAGINALIS (CONGENITAL HYDROCELE) IN THE GROIN

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialists during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/PPV.pdf

Key Points

- This involves making an incision (cut) in your groin to close off a connection between your abdominal (tummy) cavity and your scrotum
- It is normally done under general anaesthetic on a day-case basis
- You should avoid any sport or strenuous exercise for a minimum of two weeks

What does this procedure involve?

Drainage of a fluid sac around the testicle through an incision in the groin. Any communication between the fluid sac and your abdominal (tummy) cavity known as a **patent processus vaginalis (PPV)**, will be tied off.

What are the alternatives?

- **Observation** – no treatment.
- **Simple removal of the fluid with a needle** – almost inevitably, this results in the fluid re-accumulating. We normally only recommend this in patients who have symptoms but are not fit for surgery.
- **Other surgical approaches** – occasionally, the PPV contains herniated bowel or other abdominal contents, which will need to be dealt with at the same time; this may need the involvement of general surgeons who deal with bowel problems.

What happens on the day of the procedure?

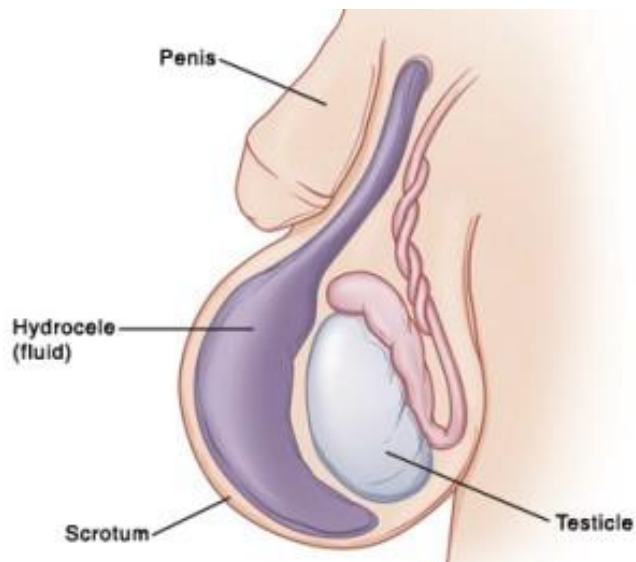
A member of the urology team will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We usually provide you with a pair of stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure






- a full general anaesthetic is normally used but a spinal anaesthetic (where you feel nothing from the waist down) may be given
- we may give you an injection of antibiotics, after checking for any allergies
- we make a small incision (cut) in your groin to find the fluid-filled sac and tie it off where it comes out of the abdominal cavity; this stops further fluid accumulating in the scrotum
- we use dissolvable stitches throughout which will normally disappear within two to three weeks
- we put a dressing on your wound and we may give you a scrotal support (“jock strap”) for comfort and to minimise any scrotal swelling



Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you

should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
No immediate change in the appearance of the swelling for several weeks	 Almost all patients
Swelling of the scrotum which usually lasts a few days	 Between 1 in 2 & 1 in 10 patients
Haematoma (collection of blood around the testicle) requiring surgical treatment	 Between 1 in 10 & 1 in 50 patients
Infection of the incision or testis requiring antibiotics or surgical drainage	 Between 1 in 50 & 1 in 250 patients
Recurrence of the fluid collection requiring further treatment	 Between 1 in 50 & 1 in 250 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of the scrotum which may last several days
- simple painkillers such as paracetamol will help to reduce this
- you may find that wearing supportive underwear is helpful
- all the stitches are dissolvable and usually disappear after two to three weeks
- any dressing can be removed after 48 hours and you should try to keep the wound dry

- avoid soaking in a bath or swimming for at least one week
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you should refrain from any sport, heavy lifting or strenuous exercise for at least four weeks after your surgery (children may need to increase this to six weeks)
- a follow-up appointment will be made for you to review your progress

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.