



UNDERSTAND YOUR CHOICES

Hydrocele: drainage or surgery?

Compare immediate relief, recovery and the chance fluid returns.

A hydrocele is fluid around the testicle, not fluid inside it. It may cause heaviness or swelling without needing treatment. Examination and ultrasound help confirm the cause and check the testicle before any drainage is considered.

A less invasive option deserves a clear discussion

Our office offers needle drainage plus sclerotherapy for suitable simple adult hydroceles. It aims to relieve swelling and reduce fluid returning with less immediate burden than surgery. It does not remove the sac, and recurrence or repeat treatment remains possible.

Fluid relief and long-term repair are different goals

Observe

No procedure when safe and comfortable.

Drain fluid

A needle removes fluid; the sac remains.

Repair sac

Surgery aims to prevent fluid returning.

1

Confirm

Examine and image the testicle; exclude a mass, hernia or infection.

2

Compare

Decide whether low immediate burden or greater durability matters most.

3

Follow up

Agree what to do if the fluid returns or swelling changes.



COMPARE THE OPTIONS

Benefits, burdens & fit

Use this comparison to prepare for a shared decision.

OPTION	WHY CONSIDER IT	WHAT TO WEIGH
Observation	Avoids a procedure when the swelling is mild and the diagnosis is secure.	Arrange review if it grows, hurts or changes. A new mass should not be presumed to be a hydrocele.
Needle aspiration alone	Fluid is removed through the skin, usually with local numbing.	Fluid commonly returns, sometimes quickly. Repeat drainage, bleeding and infection are possible; it is not equivalent to definitive sac repair.
Aspiration plus sclerotherapy	After drainage, a medicine may be used to reduce fluid re-accumulation in selected adults.	Pain, inflammation and recurrence can occur; more than one session may be needed. Confirm the proposed agent, evidence and availability.
Hydrocelectomy	An incision allows the surgeon to repair or remove part of the sac; generally more durable.	Anesthesia, bruising, swelling, infection, hematoma and a longer recovery are tradeoffs. Recurrence is still possible.

Not every option is right for every person. Confirm the treatment, provider and location at your consultation.



BRING THIS PAGE TO YOUR VISIT

Your questions. Your next step.

A useful appointment ends with a plan you understand.

Questions to ask

- ☐ Is this a simple hydrocele, and is my testicle normal on ultrasound?
- ☐ Are you proposing aspiration alone or adding sclerotherapy?
- ☐ What chance of recurrence should I expect with this exact approach?
- ☐ What finding would make surgery the safer or more durable choice?

What you can do now

- Tell the team about blood thinners, previous scrotal surgery and infection symptoms.
- Complex, loculated, infected or hernia-associated swellings may need a different plan.
- Arrange specific instructions for activity, wound care and follow-up; do not attempt home drainage.

When to seek urgent care

Sudden severe testicular pain, nausea, a red painful scrotum, fever or a new firm testicular lump needs prompt assessment. Sudden severe pain is an emergency because torsion can threaten the testicle.

My next step / follow-up date: _____

Further reading & sources

1. BAUS - hydrocele information
2. BAUS - hydrocele information

Further reading: A Urology Consult in a Book, by David Shusterman, MD.



HOW OUR PRACTICE APPROACHES CARE

Modern tools. Less burden.

Our office approach is separate from the general treatment comparison.

The least invasive effective path

We prioritize effective care with less procedural burden when it fits your diagnosis, anatomy and goals. Our interventional service invests in advanced imaging for targeted procedures; equipment and manufacturers change over time. Imaging, contrast, radiation and anesthesia are discussed for your particular treatment.

Focused ultrasound expertise

Our practice provides modern in-office ultrasound for urology, gynecology and interventional care. Experienced, dedicated ultrasound technologists focus on these specialties, with much of their work in urology. An in-house radiologist interprets images, and treating physicians trained in image interpretation also review relevant studies. Ultrasound uses no ionizing radiation; CT, MRI or other tests may still be needed.

Prompt answers and a clear follow-up plan

We usually generate ultrasound reports and explain the findings and follow-up to patients the same day. Some studies need additional review, and turnaround varies. Ask what the result means and what happens next. Confirm your service and location before visiting.

More of your evaluation in one place

In-office blood collection and urine testing can reduce separate testing visits; preparation and result timing depend on the test. Bladder ultrasound can measure urine remaining after urination. For suitable men, we favor noninvasive UroCuff pressure-flow assessment when it can answer the question, rather than routine catheter-based urodynamics. These tests are not interchangeable; complex cases may need additional studies.