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Research Article

HYDROCELE SURGERY: A POSTOPERATIVE ANALYSIS¹Dr Sheereen Imtiaz, ²Dr Razia Perveen, ³Dr Rukhsana Bhurgri¹Liaquat University of Medical and Health Sciences, Jamshoro, ²Sheikh Zayed Medical College Rahim Yar Khan, ³Liaquat University of Medical and Health Sciences, Jamshoro.

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Abstract:

Objective: To survey the clinical attributes, post-operative entanglements and recurrence rate in patients of hydrocele operative medical procedures at a tertiary care Hospital.

Material and strategies: A prospective study, performed in the surgical division of the hospital. Study length was one-year from 2018 to 2019. All the cases were chosen from OPD of general surgery and after diagnosis of hydrocele were conceded in the ward for surgical treatment. All patients were operated for various surgical reasons. After medical procedures patients were released once their condition and were exhorted for routine checkups for at least a half year. During the subsequent period, all the postoperative complications and repeats rate were recorded in the predesigned proforma.

Results: Total 41 cases were joined with a diagnosis of hydrocele; mean age was found 41.43+4.04 years. The privilege was more engaged with 65.85% patients when contrasted with left side 34.15%. The expanding was in all cases, feeling distress found in 80%, following by pain, queasiness and spewing were found with the level of 14.63% and 9.75% individually. As indicated by postoperative difficulties pain was in 04(09.75%), haematoma in 2 cases, oedema was found in 3 patients, while repeats were found in 2 cases out of 41, and 10 cases didn't come for development.

Conclusion: In the current study, it is reasoned that postoperative difficulties and repeated pace of hydrocele was low. Surgical methods ought to be applied by condition and its seriousness.

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INTRODUCTION:

A hydrocele is the unusual collection of the serous liquid in possible space in between parietal and the visceral layer of tunica vaginalis [1]. In the dominant part of influenced adolescent, hydrocele is idiopathic and is then acquired in origin [1]. It is pronounced in 15th century through Ambroise Pare. A hydrocele is the most widely recognized reason for painless non-intense scrotal swelling in the males [2]. It is the most-known kind scrotal swelling, with an expected rate of 1% of the grown-up male gender population [3,4]. Hydroceles may vary in size yet a large portion of the cases are asymptomatic. Acquired hydroceles are typically increased gradually and not that the greatly alarming. Bigger hydroceles may result in prolonged pain in the scrotum or in the lower back and scrotal injury causes like as testicles [5,6]. Communicating hydrocele might be of little size in every morning except become greater everywhere throughout the day as the patient is exercised. Marked characteristics on clinical examination are the smooth tense mass of scrotum which transilluminates up certainly. It may help in recognizing a hydrocele from the hernia or the mass, strong in nature. Communicating hydrocele might occur with the inguinal hernia indirect [7]. A hydrocele frequently happens on one side, yet can likewise influence both sides. The collection can be the marker of injury physically, contamination, tumours, infection or the surgery of the varicocele [8] however the cause is usually unknown. Indirect inguinal hernia can increase the cause of hydrocele. A hydrocele testis may not usually believe to affect fertility. Though, it might be demonstrative of different variables that may influence fertility. A large portion of the patients denies the specialist for the surgical methodology of hydrocele as a result of shyness and fear of improvement of infertility and impotence [9,10]. Several operatives and non-operative management option for the hydrocele and as different surgical techniques are using for the hydrocelectomy. All procedures are using by the surgeons but still, it has been reported that among the different procedure which method is more suitable and with fewer complications. Different studies showed different rates of post-operative complications with big difference [5,11,12]. Therefore, the aim of this study was to assess the postoperative complication rate after hydrocele surgery in our setup.

MATERIAL AND METHODS:

This was the prospective study and has been carried in the general surgery department of Liaquat University Hospital Hyderabad/Jamshoro. Study duration was one-year 2018-2019. All the cases were selected from OPD of general surgery and after diagnosis of hydrocele were admitted in the ward for surgical treatment. After admission, all the routine laboratory investigations were carried out. Repeat ultrasound of pelvis and scrotum was done. All the cases less than 18 years of the age, having severe comorbidities like uncontrolled diabetes and chronic hepatitis etc, were excluded from the study. Patients who were diagnosed with carcinoma were excluded, and those were suspected for carcinoma referred for further investigations and required treatment. All the selected patients underwent different surgical procedures according to conditions. Surgeries were done by experienced and skilled surgeons having more than 5 years' experience. After surgeries patients were discharged on the stable condition and were advised for routine follow up for minimum of 6 months. During the follow-up period all the postoperative complications and recurrences rate were documented in the predesigned proforma. All the data was recorded in the proforma and analysed in SPSS program version 20.

RESULTS:

In our study total 41 cases were incorporated with a diagnosis of hydrocele, mean age was found 41.43±4.04 years, history of hydrocele was found less than 1 year in 25(60.97%) patients and more than 1 year was in 16 patients making up percentage (39.02%). The right was more involved in 65.85% patients as compared to left side 34.15% results showed in Table:1.

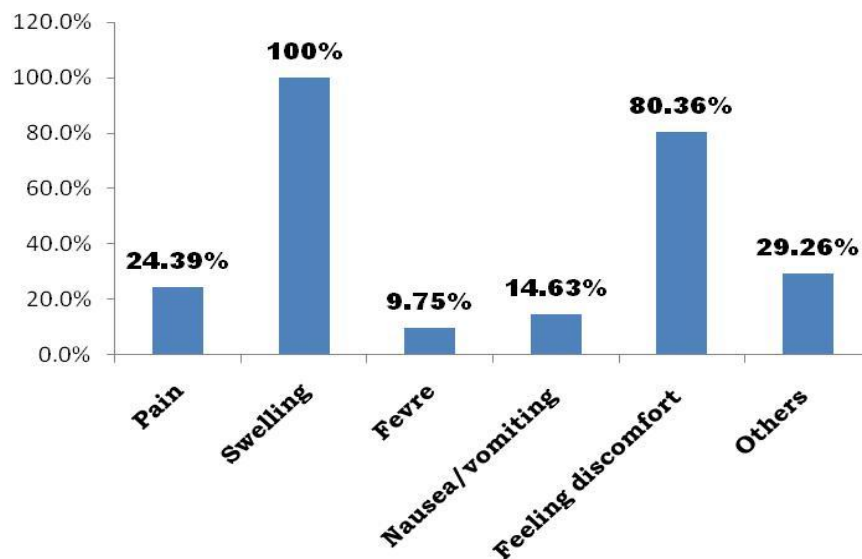
According to the clinical characteristics, the swelling was in all cases, feeling discomfort found in 80% of the cases, following by pain, nausea and vomiting were found with the percentage of 14.63% and 9.75% respectively results showed in Fig:1.

According to postoperative complications pain was in 04(9.75%), haematoma in 2 cases, oedema was found in 3 patients, while recurrences were found in 2 cases out of 41, and 10 cases did not come for the follow-up. Table:2.

Table 1: Basic characteristics of the patients

n=41

Basic variables	Frequency/%
Age (mean + SD)	41.43+4.04 years
Duration of illness <1year >1years	25(60.97%) 16(39.02%)
SITE Right Left	27(65.85%) 15(34.15%)

**Table 2: Postoperative complications=41**

Complications	Frequency(%)
Pain	04(09.75%)
Haematoma	02(04.87%)
Infection	03(07.31%)
Recurrences	02(04.87%)
Edema	04(09.75%)
Feeling heaviness	03(07.31%)
Not in follow-up	10(24.39%)

DISCUSSION:

A hydrocele is a typical surgical occasion in the grown-up populace. In this study 41 cases were dealt with surgically, to see the postoperative complexities and repeats rate in patients those were going through hydrocele surgery. We select surgical systems as indicated by the age infection condition and its seriousness, not a specific procedure has been completed. In mean age of the patients was 41.43±4.04 years. Essentially, in the study of Latif U et al [13] detailed age range between 15-75 years. On other hand, Jat N et al [14] discovered equivalent discoveries as hydrocele is basic in 30-40 years age group. In this study, right was more associated with 65.85% patients when contrasted with left side 34.15%. for our study, Latif U et al [13] expressed that hydrocele generally present on the correct side in 56% cases, 42% patients had left side hydrocele and 2 cases had respective, while in our arrangement no any cases were found with two-sided hydrocele.

In this study as per the clinical qualities growing was in all cases, feeling inconvenience found in 80% of the cases, following by pain, queasiness and regurgitating were found with the level of 14.63% and 9.75% separately. A comparable finding was accounted for in some past investigations as the clinical appearance of a painful scrotal mass [15], In another study indicated that normal introducing highlight was scrotal expanding, and in certain patients found the introduction of uneasiness [16]. On other hand, Jamaluddin MU et al [16] likewise discovered some practically identical clinical introductions.

In our study, the low rate was found of postoperative entanglements as; the pain was in 09.75% patients, haematoma in 2 cases, oedema was found in 3 patients, while repeats were found in 2 cases out of 41, and 10 cases have not come for development. Jamaluddin MU et al [17] detailed that postoperative complications insignificant as 18% hematoma and 04% cases had created wound disease and no repeat had discovered, these discoveries are some unique in relation to our study just as in our study haematoma commonness in low and repeats in 2 cases. Jat Net al [14] revealed that postoperative recuperation was acceptable no extreme bleakness, wound contamination and repeat found in Hydrocelectomy Supra Public and goal procedures. While haematoma was in 9 cases out of all, further he detailed that commonest intricacy was wound infection 42.8% and 10% in the Jaboulay's and Lord's individually. This little distinction between these examinations may because of our study contain little example size and treatment strategies were utilized by illness condition

and seriousness, no specific procedures have been done.

CONCLUSION:

In the current study, it is presumed that postoperative complexities and reoccurring pace of hydrocele was exceptionally low. Surgical methods ought to be applied by condition and its seriousness, our study contained a little example size, all the more large example sizes should be studied for further investigations and fact findings.

REFERENCES:

1. Cimador M, Castagnetti M, De Grazia E. Management of hydrocele in adolescent patients. *Nature Reviews Urology*. 2010 Jul 1;7(7):379-85.
2. Rubenstein R A., Dogra, V S., Seftel, A D. &resnick, M I. Benign intrascrotal lesions. *J. Urol*. 2004;171; 1765-1772
3. Mihmanli I, Kantarci F, Kulaksizoglu H, et al. Testicular size and vascular resistance before and after hydrocelectomy. *AJR Am J Roentgenol*. 2004;183:1379-1385.
4. Mihmanli I, Kantarci F. Sonography of scrotal abnormalities in adults: an update. *DiagnIntervRadiol*. 2009;1:64-73
5. Kiddoo, D.A., Wollin, T.A. and Mador, D.R. A population based assessment of complications following outpatient hydrocelectomy and spermatocelectomy. *J Urol.*, 2004;171:746-8.
6. Swartz MA, Morgan TM, Krieger JN. Complications of scrotal surgery for benign conditions. *Urology*. 2007 Apr 30;69(4):616-9.
7. Chiang HC, Chen PH, Chen YL, Yan MY, Chen CC, Lin J, Wang PF, Shih HJ. Inguinal hernia repair outcomes that utilized the modified Kugel patch without the optional onlay patch: a case series of 163 consecutive patients. *Hernia*. 2019 Jun 1;19(3):437-42.
8. Esposito C, Valla JS, Najmaldin A, Shier F, Mattioli G, Savanelli A et al. Incidence and management of hydrocele following varicocele surgery in children. *The Journal of urology*. 2004 Mar 31;171(3):1271-3.
9. Dados N, Tmski D, Keros P, Rados j. The biochemical aspect of testis hydrocele. *Acta Med croatica* 1996; 50 (1): 33-36.
10. Ahorlu C K, Dunya S k, Asamoah G, Simonsen P E. Consequences of hydrocele and the benefit of hydrocelectomy: a qualitative study in lymphatic flariasis endemic communities on the coast of Ghana. *Acta Trop* 2001; 20 (3) 215-221.
11. Swartz MA, Morgan TM, Krieger JN. Complications of scrotal surgery for benign conditions. *Urology*. 2007;69:616-619.

12. Kim JK, Shin JH, Lim JS. 10-Year retrospective study of the operative treatment results of adult type hydrocele. *Korean J Urol.* 2008;49:82-87.
13. Latif U, Quddus M, Abid M. Hydrocele; surgery vs. sclerotherapy. *Professional Med J Mar* 2008; 15(1): 125-128.
14. 14.Jat N, Bano F, Memon IA, Memon MS, Azmi MA. Primary vaginal hydrocele; different surgical procedures: a comparative study. *Professional Med J* 2018;21(5):879-882
15. 15.Sidler, D., Brown, R.A., Millar, A.J., Rode, H. and Cywes, S. A 25-year review of the acute scrotum in children. *South African Medical Journal.* 1997;87;12: 1696-98.
16. Hajgaard Rasmussen H, SchrA der P. Testicular hydrocele: an initial sign of colon carcinoma. Case report. *ActaChirScand* 1988; 154(1): 65-66
17. Jamaluddin MU, Alam TA, Khan RA, Abbas SM. Results of surgical management of primary vaginal hydrocele in patients of all ages in ASH. *Pakistan J Surg.* 2009;25(3):190-4.