**Clinical Guideline**

**MANAGEMENT AND REFERRAL OF COMMON SURGICAL CONDITIONS: HYDROCELE, HYPOSPADIAS, PHIMOSIS, UMBILICAL HERNIA, UNDESCENDED TESTIS**

**SETTING** Primary and Secondary Care BNSSG

**FOR STAFF** GPs, Nurse Practitioners, Paediatricians, Emergency Department Practitioners

**PATIENTS** Children presenting with Hydrocele, Hypospadias, Phimosis, Umbilical Hernia, or Undescended Testis

The recommendations contained in this guidance do not indicate an exclusive course of action or serve as a standard of medical care. Variations, taking individual circumstances into account, may be appropriate.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>REFERRAL</th>
<th>SURGERY</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocele* (see below)</td>
<td>&gt;2yr [with funding confirmation]</td>
<td>&gt;2yr</td>
<td>Spontaneous resolution occurs up to two years. Prior approval must be sought from the CCG before referring.</td>
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<tr>
<td>Hypospadias</td>
<td>At diagnosis</td>
<td>12-18 months</td>
<td>Advise parents not to have child circumcised.</td>
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<tr>
<td>Phimosis** (see p2)</td>
<td>Usually &gt;4yr [with funding confirmation]</td>
<td></td>
<td>Different referral criteria depending on pathology. Prior approval must be sought from the CCG before referring.</td>
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<tr>
<td>Umbilical hernia</td>
<td>&gt;3yr</td>
<td>3-5yr</td>
<td>Spontaneous improvement usual. Surgery largely cosmetic but considered pre-school. No funding criteria required</td>
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<tr>
<td>Undescended testis</td>
<td>&gt;3 months</td>
<td>6-18 months</td>
<td>Spontaneous descent possible up to three months. Early surgery now preferable [&lt;18 months or &lt;1yr if possible]</td>
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</table>

* **Hydrocele** (based on CKS NICE)
  - Reassure the parents that the hydrocele is likely to resolve by two years of age
  - Refer to a paediatric surgeon if an inguinal hernia is suspected
  - If the hydrocele has not resolved by two years, boys should be referred for consideration of surgery with prior approval from BNSSG CCG, [https://bnssgccg.nhs.uk/individual-funding-requests-ifr/individual-funding-requests-directory/hydroceles-males-under-age-16-years/](https://bnssgccg.nhs.uk/individual-funding-requests-ifr/individual-funding-requests-directory/hydroceles-males-under-age-16-years/)
IF:
   - The child has a hydrocele that is at least three times the length of the contralateral hemiscrotum based on clinical examination AND
   - The hydrocele has been present at this size for a minimum of six months and this is clinically recorded within the patient’s primary care records

**Phimosis**

Many boys have non-retractile foreskins until the age of 10yr. Some will persist into puberty but 95% should be retractile by 16-17 years age.

Conservative management using topical steroids (0.05%-0.1% betamethasone twice a day) for 6 weeks may be effective.

Boys should be referred for consideration of circumcision with prior approval from BNSSG CCG ([https://bnssgccg.nhs.uk/library/policy-for-penile-conditions-including-circumcision-for-under-18s/](https://bnssgccg.nhs.uk/library/policy-for-penile-conditions-including-circumcision-for-under-18s/)) IF they have:

- Pathological phimosis (an inability to retract the foreskin) with balanitis xerotica obliterans (BXO) when aged four years or over AND signs including one or more of the following: white scarring, fissures or weeping

OR

- Physiological phimosis when aged over 10yr **with all of the following criteria:**
  - Experiencing symptoms (including difficulties with self-hygiene / discomfort) AND
  - Attempts to retract daily for one year have failed (documented in pts notes) AND
  - Treatment with topical steroids (0.05%-0.1% betamethasone or equivalent) have proved ineffective after six week trial (documented in patients notes)

OR

- Recurrent balanitis (three episodes in past 12 months) AND a minimum of six weeks of conservative measures including topical steroids have been tried (all documented in pts notes)

If there is doubt about the diagnosis, the patient can be referred to the paediatric GPSi service for an opinion.

**AUTHORS DOCUMENTS**


**AUTHORISING BODY**

BNSSG Paediatric Guidelines Group

**SAFETY**

Nil

**QUERIES**

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