

NHS Dorset Clinical Commissioning Group

Surgical Intervention for the Treatment of Hydrocele

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

SURGICAL INTERVENTION FOR THE TREATMENT OF HYDROCELE CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Hydroceles (fluid collection around the testicles) may be present at birth and are common, affecting around one male baby in every 10. They do not usually require treatment as they often disappear on their own during the first two years of life.
- 1.2 Hydroceles are characterised as a non-painful, soft swelling of the scrotum (one or both sides). The overlying skin is not tender or inflamed.
- 1.3 Less commonly hydroceles can develop in adult men and may follow infection, injury or radiotherapy.
- 1.4 Investigations are not normally required for simple Hydrocele but are essential if there are any doubts in the diagnosis or any suggestion of an underlying cause. Failure to clearly delineate the testis, tenderness on palpitation or internal shadows are all indications for further investigation:
 - ultrasounds can help determine if any underlying pathology is present;
 - Spermatoceles can be clearly distinguished;
 - diagnostic aspirations should be avoided as they may lead to the spread of malignant cells.
- 1.5 Referral for a second opinion should be made where there is diagnostic uncertainty e.g. in the case of apparent 'hydrocele' in a child that has not been present from infancy.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Funding approval for surgical treatment will only be provided by the NHS for patients meeting criteria set out below:
 - the patient is over 2 years of age;
AND
 - discomfort and/or disfigurement have resulted in significant functional impairment which prevents the individual from fulfilling work/study/carer or domestic responsibilities;
OR
 - in the case of a child, discomfort and/or disfigurement resulting in an inability to participate in normal social / educational or work activity.

Hydrocele can vary greatly in size. Consideration for removal of a Hydrocele will not be given based on size alone.

4. EXCLUSIONS

4.1 This Policy relates to Simple Hydroceles only.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition.

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed within the local NHS including input from commissioners, clinicians and other relevant stakeholders.

6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal implantation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	161
Author (Name and Job Title)	Abigail James, Individual Patient Treatment Team
Recommending group	Individual Patient Treatment Panel
Date of recommendation	December 2016
Date of approval by CCC	July 2017
Version	1.0
Review frequency	Three Years
Review date	July 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	April 2017	Michael Cross, Senior Commissioner IPT	Circulated for comment through the Medical Directors of the three Dorset acute NHS Foundation Trusts. Reviewed previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation.

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee

D ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> • Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group • Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓