Excision of Spermatocoele/ Epididymal Cyst

**Item Number:** 37623, 18262

 

Why is it done?

 Enlarged scrotum

 Could be uncomfortable

 The cyst can become so big that the enlarged scrotum buries the penis making usual functions difficult, ie urination and sexual function

 May contribute to Infertility

  

How is it done?

****This procedure is done under general anaesthetic.

****Supine position.

****The penis and scrotum is surgically prepared with Betadine

****A midline scrotal incision is done.

****The intact spermatocoele/epididymal cyst with the testis is delivered through the skin incision.

****The epididymocoele is carefully surgical resected off the spermatic cord or epididymus.

****A hemostatic running suture is placed around the raw edge of resection, if required

****Hemostasis is actively chased.

****A drain is left overnight.

****An Indwelling catheter is left for 6-8 hours to prevent acute urinary retention.

****The scrotum is closed in 2 layers with dissolvable sutures.

****You would be required to bring 2 pairs of tight new undies for post-operative scrotal support, these will be placed post-operatively

. 

.

Complications

**Side–effects**

** Any anaesthetic has its risks and the anaesthetist will explain such risks.**

 Bleeding is a possible complication therefore the scrotal drain/s overnight.

 Your catheter will be removed the next

 You will have scrotal swelling and bruising for the next 2-6 weeks

 **Any sudden increased swelling needs urgent attention!**

 **Any symptoms of fever and signs of infection, requires urgent attention!**

Copyright 2019 Dr Jo Schoeman