

EPIDIDYMAL CYST EXCISION

Introduction

The epididymis is a collection of tubes that sit at the edge of the testis where sperm mature before they travel to the vas deferens and ejaculatory ducts. A third of older men have at least one epididymal cyst or spermatocele filled with cloudy sperm-containing fluid. Most do not cause symptoms and should be left alone. If large and causing heaviness or dull discomfort, they can be aspirated or removed.

What are the alternatives?

Aspiration +/- sclerotherapy (alcohol injection) - may recur

What does the procedure involve?

Under general anaesthetic, a small cut is made in the scrotum to remove the cyst. The incision is closed with absorbable stitches and tissue glue applied.

What are the risks of surgery?

Common (>10%)

Mild bruising, discomfort and swelling

Occasional (2-10%)

Bleeding, infection or recurrence
Wound gap or dehiscence

Rare (2%)

Damage to testis or epididymis
Anaesthetic or cardiorespiratory problems requiring intensive care

What should I do before surgery?

- Do not eat, drink, or chew gum for 6 hours before surgery
- If you are on blood thinning medication, discuss this with Dr Ooi

What should I expect after surgery?

Please arrange for someone to pick you up and keep you company for 24 hours. Wear supportive underwear with hand towels packed inside to compress and elevate the scrotum for a few days. Use pain killers and apply ice packs for 5-10 minutes to reduce discomfort and swelling. Avoid straddling on a seat, sexual intercourse and swimming for 2-4 weeks. Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, wound issues, fever or feel unwell. General advice is also available on our website in the Procedures section.