Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Excision of Epididimal Cyst

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Excision of Epididymal Cyst

Patient Information

Day Surgery Ward 3, Leigh Infirmary

The Patient Information Leaflets page on the Trust website is available at the link: Patient Information Leaflets or scan the QR code.

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Welcome to:

Day Surgery

Ward 3

Leigh Infirmary

The Avenue,

Leigh

WN7 1HS

Monday to Friday, 7.30am to 8.30pm, Telephone **01942 264260 or 01942 264261**

This leaflet aims to give you information about your operation and your stay in hospital and advice for when you go home.

If there is anything you are worried about that is not covered by this leaflet, please feel free to speak to a member of staff.

Operation for epididymal cyst

An epididymal cyst (spermatocele) is a fluid filled swelling of the epididymis, which is quite common. The epididymis is a coiled tube, on the top of and behind the testicles, which

stores and then carries sperm away from the testicles. Numerous cysts may develop along the epididymis. These cysts are usually small, do not usually cause pain and are harmless. If the cyst is causing significant symptoms surgery is performed under a general anaesthetic. It involves a cut in the skin of the scrotum to remove the cyst or cysts.

Benefits of surgery

- To remove large cysts causing pain/discomfort
- Cosmetic

Are there any risks involved with this procedure?

You should ask your surgeon's advice about the risks and their impact on you as an individual.

Almost all patients will experience swelling and bruising of the scrotum lasting several days.

(Between 1 in 10 and 1 in 50)

- Recurrence of the cyst.
- Blood collection (haematoma) around testes, which resolves slowly or requires surgical removal.
- Infection of the incision site or testes requiring antibiotics or surgical drainage.

(Between 1 in 50 & 1 in 250)

- Scarring of the epididymis resulting in impaired fertility.

- Chronic pain in the testicle or scrotum.

Alternative therapy

- Observation
- Removal of fluid with a needle but this is not curative treatment as the fluid will re-accumulate very quickly.
- Various other surgical approaches

Pre-operative Assessment Clinic

At the clinic you will be seen by a nurse, who will complete a pre-operative screening assessment. This will include taking a nursing and anaesthetic history, organising investigations such as blood test's ECG's; as necessary. The nurse will advise you about your operation. He/she will explain to you about your pre- and post-operative care, how long you will need someone to take care of you when you go home and how long you will be expected to be off work, etc. If you need a sick note, please ask the nurse on arrival to hospital on the day of your admission.

How long will I be in hospital?

Ward 3 is a day surgery ward with no overnight facilities. Your operation has been planned as a day case procedure which means that you will be able to come into hospital and be discharged later the same day. Very rarely, some patients do not recover in time to go home and will therefore need to be transferred to the Royal Albert Edward Infirmary, Wigan

Before you come into hospital

Before you come into hospital you will need to bath or shower.

Admission to hospital

On arrival to hospital, you will need to book in at the Admissions desk, which is situated on the ground floor below Ward 3. You will then be directed to the ward; there you will meet your nurse and other members of the team who will be looking after you. The facilities and general routine of the ward will be explained to you.

(Please note that you will be on a theatre list with several other patients, so be prepared for a wait.)

Getting ready for your operation

The nurse who is admitting you will ask some routine questions, about your general health, the medications you take now and any allergies you have. Your surgeon and anaesthetist will see you. The surgeon will mark the operation site pre-operatively with a marker pen. The anaesthetist is the doctor who will give you your anaesthetic and look after you during the operation. You will be asked to sign a consent form if you have not already done so, to say that you understand what you have come into hospital for and what the operation involves. If you have any questions, please ask.

Going to theatre

You will be asked to put on a theatre gown. A nurse will check that you have a wristband on with your name, ward, and district number and that your documentation, consent is in order. (You will be asked the same questions by several staff on route to theatre, these are all safety measures.) A nurse will escort you to the operation suite where you will meet your anaesthetic nurse who will take you to the anaesthetic room where your anaesthetic will be administered.

After your operation

You will wake up in the recovery room; here specially trained nurses will monitor closely how you feel. On waking you will have a small clear oxygen mask in place, this will help the anaesthetic wear off. The nurses will check your blood pressure and pulse and make sure that you are comfortable. When the doctors and nurses are happy with your condition you will be taken back to the ward where you will be made comfortable and can rest. Refreshments will be offered as soon as it is safe for you to have these.

Pain control

Expect some discomfort. You will have been given strong pain killing and/or local anaesthetic drugs in theatre, which will reduce pain for the first few hours. Your pain will be closely monitored to ensure that it is kept to a minimum. You will be offered and given pain relief, as appropriate. You may or may not be discharged home with pain killers therefore, it is recommended that you obtain your own simple analgesia such as paracetamol or ibuprofen prior to admission.

The wound

You will have dissolving stitches, which may begin to come away after a few days but can take up to 2 to 3 weeks to clear completely. If all is well, you may shower the day after the surgery. After a shower pat the wound dry gently with a clean towel for the first seven days or so. Thereafter you may treat the wound as normal. You should expect some swelling of the wound and testicles, which may feel hard and there may be some bruising. Wearing supporting underpants will help to reduce swelling and ease discomfort.

Going home

You must make sure that a responsible adult can take you home in a car or taxi and they are required to stay with you for the first 24 hours after your operation. You must not drink alcohol for a minimum of 48 hours.

What to look out for

You should not suffer excessive pain, bruising or swelling of the testicles. If this occurs see your GP or attend your local Accident and Emergency Department Tel. **01942 244000.**

If you develop a temperature, increased redness or pain at the operation site, please contact your GP.

The first few days

Gently increase your activity over the first few days, little and often until you can do more each day.

You are encouraged to move and walk as this will help prevent stiffness, soreness and help with your circulation and minimize the risk of complications such as chest infection, deep vein blood clots and clots to the lungs. Take painkillers to ease any discomfort to enable you to mobilize.

Work and activity

You can get a sick note from the ward for the first week. You will need to see your GP for any further sick notes. You can return to normal activity when the pain has settled. Swelling of the wound or testicle may take longer to settle but need not prevent normal activity (if it is not severe). Sex will not harm you but may be painful in the first week or so. Heavy lifting or strenuous exercise should be avoided for one or two weeks.

Driving

You may drive as soon as you are confident that you can do an emergency stop. One or two weeks is usual. Check with your insurance company.

These notes do not cover everything. We hope you will find them useful however, and that they will help towards making your stay in hospital less worrying. Try and read these notes

a few times before you come in and bring them with you on admission. If you have any questions or worries prior to admission, please contact the ward.

Outpatient appointment

An outpatient appointment is not generally given. See you're GP or contact the Ward for advice if you have any problems.

Acknowledgement

Possible side effects and the ratios from the BAUS information leaflet.

The BAUS website includes a section dedicated to information for patients – please go to www.baus.org.uk/patients

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