

Procedure information

Epididymal cystectomy

An epididymal cystectomy is an operation to remove an epididymal cyst.

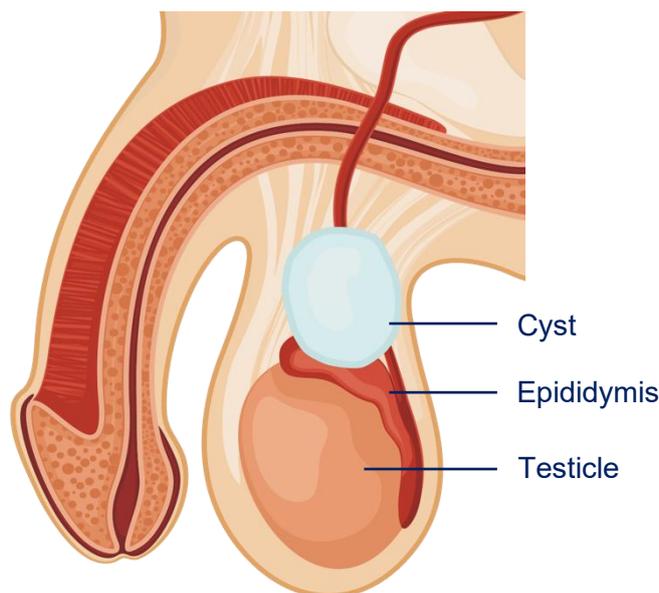
What is an epididymal cyst?

An epididymal cyst (also called a *spermatocoele*) is a fluid-filled lump that develops on the epididymis, the small, coiled tube attached to the back of the testicle that stores and transports sperm.

Epididymal cysts are common and benign (non-cancerous). Most of the time there is no clear cause for why an epididymal cyst has formed.

Sometimes an epididymal cyst can form due to:

- A previous infection or inflammation of the epididymis (epididymitis).
- Scrotal trauma.
- Previous scrotal surgery.



Penis and scrotum in cross section

Why is an epididymal cystectomy required?

Epididymal cysts are benign and often don't require any treatment.

An epididymal cystectomy is usually recommended if the cyst is painful, enlarging, or is interfering with activities of daily living.

What does an epididymal cystectomy involve?

Epididymal cystectomy is usually performed under general anaesthetic (completely asleep).

An incision is made in your scrotum. The cyst is carefully dissected free from the epididymis and removed.

The incision is closed using dissolvable stitches. Sometimes a small plastic drain is left in your scrotum and removed a day or two after the operation.

The operation is usually performed as day surgery- you can go home on the same day as long as you are accompanied by a responsible adult.

What is the recovery after an epididymal cystectomy?

You will need to rest for the first day or two after the operation.

You will need to wear tight fitting scrotal support (such as speedos, a jock strap, or two pairs of tight underwear) for at least one week after the operation.

You can usually return to sedentary work 4 to 7 days after the operation.

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You can usually return to gentle exercise approximately 1 week after the operation. You will need to avoid strenuous exercise, cycling, and heavy lifting for at least 4 weeks after the operation.

You will not be able to swim for 2 weeks after the operation.

You can usually start driving 2 to 5 days after the operation, provided you can safely perform an emergency stop (slam your foot on the brake).

You can resume sexual activity when you feel comfortable doing so. For most men this will be approximately 2 weeks after the operation.

An epididymal cystectomy will not affect your erections or testosterone levels.

The operation may affect sperm storage and transport in the affected testicle, which could affect your fertility.

What are the risks of an epididymal cystectomy?

The risks of this procedure include (but are not limited to):

Common risks (1/2 to 1/10):

- It is very common to have swelling and discomfort in your scrotum for a few weeks to months after the operation.
- It is very common for fluid to fill the empty space in your scrotum within a few days of the operation. This will usually reabsorb over a few weeks to months.

Occasional risks (1/10 to 1/50):

- Sometimes the cyst can recur after the operation.

Rare risks (1/50 to 1/250):

- Bleeding in the scrotum, sometimes requiring another operation to correct.
- Infection in the wound or within the scrotum, requiring antibiotics or another operation/procedure to correct.
- Sometimes the wound may split open and take longer than normal to heal.
- Inability to pass urine after the operation (urinary retention) requiring insertion of a catheter (tube in your penis to drain urine) for a few days.

Very rare risks (<1/250):

- Damage to the blood supply of the testicle. Very rarely, removal of the testicle may be required.
- Development of a hydrocoele (collection of fluid around the testicle).
- Chronic pain in your scrotum.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

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What are the alternative treatment options?

- Conservative management - no treatment.
- Aspiration (sucking the fluid out with a needle). The fluid will usually reaccumulate within a few weeks.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.