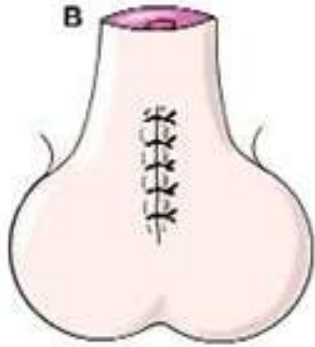


NB! You are required to bring 2 pairs of tight new undies for post-operative scrotal support.



Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

Pelvic Medicine Centre
St Andrews War Memorial Hospital
Wickham Terrace
Springhill, Brisbane QLD 4000

Ph: 07) 3831-9049
Fax: 07) 3834-4471
E-mail: admin@brisbane-urology.com.au
Emerg: 0403 044 072

Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

*EXCISION OF
SPERMATOCOELE/
EPIDIDYMAL CYST*

Patient well-being is my first priority!

Excision of Spermatocele/ Epididymal Cyst

Why is it done?

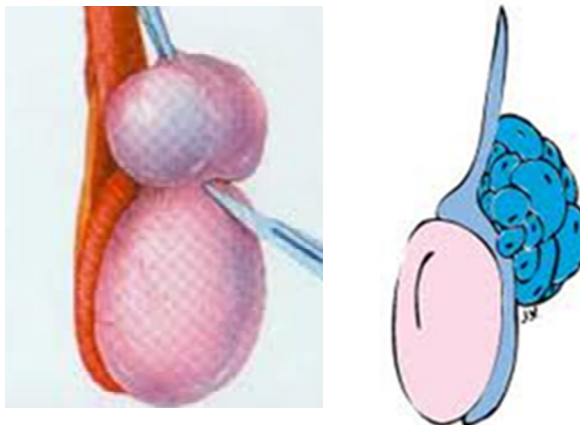
- Enlarged scrotum
- Could be uncomfortable
- Usually large and uncomfortable
- Can become so big that it buries the penis making usual functions difficult, ie urination and sexual function
- May contribute to Infertility

Pre-requirements

- An informed consent is required from the patient.
- The risk of post-operative bleeding causing a scrotal hematoma is a reality requiring drainage will be discussed with you
- There is a risk of post-operative urine retention is present, therefore you will be catheterized for at least 6-8 hours after the procedure.
- This is done under a general anaesthetic. Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the Pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin should be stopped 7 days prior to surgery, and replaced with Clexane

How is it done?

- This procedure is done under general anaesthetic.
- Supine position.
- The penis and scrotum is surgically prepared.
- A midline scrotal incision is done.
- The intact spermatocele/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



What to expect after the procedure?

- **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!**

What next?

- Dressings should be kept for the initial 72 hours after surgery and soaked off in a bath thereafter.
- The catheter will be removed the morning after surgery
- Patients should schedule a follow-up appointment with Dr Schoeman 4-6 weeks after the procedure.
- There will be signs of bruising for at least 2-6 weeks.
- Sick leave will be granted for a few weeks.
- Please direct all further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**