

# Removal of an epididymal cyst

## Urology Department

### Patient Information Leaflet

#### Introduction

This leaflet is for people who have been recommended to have a procedure to remove an epididymal cyst. It gives information on what this is, what it involves and what the benefits and risks of it are.

#### What is an epididymal cyst?

It is a small, smooth fluid-filled swelling that slowly develops in the epididymis (a coil-like structure behind the testicles that helps to store and transport sperm).

They are the most common condition encountered within the scrotum. They vary in size from several millimetres to many centimetres. They are generally not painful and are harmless. However, some men may experience discomfort from larger cysts. The affected testicle may sometimes ache or feel heavy. You may also experience some pain and discomfort if the cyst puts pressure on other structures in or around your testicle.

#### What does the procedure involve?

It involves removing the cyst through a small cut in your scrotum that is sealed with dissolvable stitches.

#### What are the benefits of the procedure?

If you have a cyst that is getting bigger or is causing any pain or discomfort, removing it should stop these symptoms.

## What are the risks?

Most procedures have some risks. You should be reassured that, although all these risks are well-recognised, the majority of people do not suffer any problems after a urological procedure. The risks are:

### Common risks

- Swelling of the scrotum lasting several days
- Yellowish fluid may come out of the wound several days after surgery

### Occasional risks

- The fluid cyst may come back
- A collection of blood around the testes which either clears up slowly or requires surgical removal
- Possible infection of the cut or the testis requiring further treatment with antibiotics or surgical drainage

### Rare risks

- Scarring of the epididymis which can cause problems with fertility
- Chronic pain in the testicle or scrotum

## What are the alternatives?

Possible alternatives include removing the fluid in the cyst with a needle, various other surgical approaches which your consultant will discuss with you or you can decide not to have treatment.

## What happens before the procedure?

You will need to come to hospital the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix®) on a regular basis, you must discuss this with your consultant because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. Therefore, the risks and benefits of this will be discussed with you before your operation. We will tell you when you can safely start taking these medications again before you leave hospital.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783.

**Your admission letter will contain guidance about when you can eat and drink before your operation.** You will be asked not to eat for six hours before surgery. You will be able to drink clear fluids until two hours before your operation. Clear fluids include water, black tea and coffee and squash. The ward staff will give you more specific guidance on when you can eat and drink when you come to hospital on the day of your operation.

## Pre-assessment

Before you have your operation, we will send you an appointment for pre-assessment. This is to assess your general fitness and to determine whether there are any reasons why you should not have the operation.

At this assessment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure.

Please be sure to tell your consultant before the procedure if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

## Giving consent

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

We may also ask you for your permission to remove an abnormality or stone if found, or to take a biopsy of it.

## What happens during the procedure?

Normally, we use a full general anaesthetic where you will be asleep throughout the procedure, or a spinal anaesthetic where you will be awake but not able to feel anything from the waist down. Your anaesthetist will explain the anaesthetic options to you before your surgery. We may give you antibiotics by injection before the procedure. Therefore, please remember to tell your hospital doctor if you are allergic to any antibiotics.

The surgeon will make a small cut in the scrotum and remove the cyst from above the testicle.

## What happens after the operation?

After your operation, you will normally go back to the urology ward. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team.
- Ensure that you are clear about what has been done and what should happen next.

You may experience discomfort for a few days after the procedure but we will give you painkillers to you to take home. We normally use dissolvable stitches which do not need to be removed.

Your surgeon will inform you when you are likely to be able to go home after your operation. The average hospital stay is one day. **Please make sure you have a lift home available.**

## What should I do at home?

The wound should be kept clean and dry for 24 hours. After that, if a dressing is in place, you can remove it after having a short bath or shower. Until the area heals, do not have long baths or showers as this will encourage the stitches to dissolve too quickly and may cause infection.

It is advisable to wear supportive underpants or a scrotal support until the swelling and discomfort have settled.

We advise you to take 10 to 14 days off work and to avoid any strenuous exercise or heavy lifting during this time to allow the wound to heal. It is best to avoid sex for 10 days or until the discomfort has settled.

## What should I look out for?

If you develop a fever, increased redness, throbbing or discharge (pus) from the site of the operation, please contact your GP immediately.

## Are there any other important points?

It is common to get some lumpiness above or behind the testicle after the procedure, usually caused by scar tissue, and this is often permanent.

## What happens next?

Outpatient follow-up is not always necessary and your surgeon will discuss arrangements for this with you.

## Driving after surgery

It is your responsibility to ensure that you are fit to drive after your surgery. You do not normally need to notify the DVLA, unless you have a medical condition that will last for longer than three months after your surgery that may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## Medication

Please make sure before you come into hospital that you have enough of your regular medication to take when you get home as it is unlikely that your regular medication will be changed. Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol, if you can take it or your usual painkillers (always read the label; do not exceed the recommended dose).

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay you leaving hospital.

## Can I find out more?

You can find out more from the following weblink:

### NHS Choices

[Benign testicular lumps](#)

### Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or  
mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

#### **This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email  
[dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔