



Spermatocelectomy

What is Spermatocelectomy?

It is an operation to remove the cystic structure(s) of the epididymis. The epididymis is the organ that resides next to the testicle, through which sperm mature on their way through the reproductive tract. Spermatoceles can lead to pain and inconvenience, and sometimes can grow to very large sizes.

This operation is performed in a hospital or surgery center under anesthesia, and most often the patient will go home the same day. An incision in the scrotum on the affected side is utilized.

Alternatives to this procedure include watchful waiting, as it is not a life threatening condition, or related to risk of cancer. There are no medicines to treat spermatocele. Without treatment, it is possible that the spermatocele can increase in size, and cause worsening of symptoms.

Anticipated benefits include resolution of the underlying condition.

What are the risks?

Bleeding. As with any operation there will be some bleeding. Very rarely, however, would this be impactful in the post-operative course, such as in the setting of a hematoma (collection of blood in the scrotum). Additional time and support will allow for resolution of hematoma.

Infection. A preventative antibiotic is given prior to the surgery at the hospital, and infection rates are usually less than 5%.

Poor wound healing. Problems with the scrotal incision are rare, but sometimes the wound may separate, and cause a delay in the ultimate closure, usually with very little cosmetic effect.

Injury to scrotal contents. Damage to the testicle can ultimately lead to loss of the testicle, but is extremely rare. Damage to a testicle can subsequently lead to impaired fertility and/or testosterone production. Even without complication, operating on the epididymis could result in obstruction of sperm from this testis, impairing fertility.

Chronic pain. In rare circumstances, this condition may result and is poorly understood but often treatable.

Recurrence of spermatocele. Typically, this occurs less than 5% of the time, with cystic structures developing in other regions of the epididymis.

Anesthetic and other risks. Significant events such as heart attack, stroke, even death may occur as a result of any anesthetic, though such risks are extraordinarily low, especially if properly evaluated by your primary physician before surgery if indicated. Should you develop any pain or swelling of your lower legs and ankles following surgery, notify your doctor's office immediately, as this may indicate a blood clot in your leg (deep vein thrombosis or "DVT"). If a blood clot moves to the lung this could be immediately life-threatening, and usually presents with shortness of breath and/or painful breathing.

What are preparations for surgery?

Please have nothing to eat or drink after midnight prior to your surgery. If you take blood thinners, your surgeon will discuss the cessation of this medication prior to your surgery.

What happens during the surgery?

You usually will have a general anesthesia. The scrotum will be shaved (you do not have to do this prior to surgery), and the surgery is conducted through an incision in the scrotum.

What happens after the surgery?

Patients go home the same day following surgery, and you will require someone to drive you from the hospital. Ice to the scrotum is recommended for up to 48 hours, using a

20 minutes on/20 minutes off technique. Sometimes, a small drain will be left in place, for removal usually the next day, in the office.

A scrotal support is also recommended, for use up to 2 weeks following surgery.

In the days and weeks following surgery, it is normal to have some swelling and bruising of the scrotum and immediate surrounding areas.

Resuming activities

You can go back to work when you feel able, usually within one to two weeks, though heavy activities should not resume for 1 month.

You may drive when you feel able and are not under the influence of any medications.

Follow-up

Your doctor will arrange a follow-up visit, sometimes for drain removal the following day. Typically, a post-operative visit is arranged 4-6 weeks following surgery.