

Patient identifier/label

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b>REMOVAL OF EPIDIDYMAL CYST</b> <b>SIDE</b> .....	- GENERAL/REGIONAL - LOCAL - SEDATION
THIS IS THE REMOVAL OR REPAIR OF FLUID SAC IN THE SCROTUM	

**Statement of health professional** (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

**The intended benefits**

TO TREAT THE FLUID CYST IN YOUR SCROTUM

**Serious or frequently occurring risks** including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

OCCASIONAL

- ☐ RECURRENCE OF FLUID COLLECTION CAN OCCUR
- ☐ BLOOD COLLECTION AROUND TESTES WHICH RESOLVES SLOWLY OR REQUIRES SURGICAL REMOVAL.
- ☐ POSSIBLE INFECTION OF INCISION OR TESTIS REQUIRING FURTHER TREATMENT

RARE

- ☐ VERY RARELY THE SCARRING CAN DAMAGE THE EPIDIDYMIS CAUSING SUBFERTILITY
- ☐ LOSS OF TESTIS
- ☐ RISK OF ANAESTHESIA
- ☐ CHRONIC PAIN

**ALTERNATIVE THERAPY:** OBSERVATION, REMOVAL OF FLUID WITH A NEEDLE, VARIOUS OTHER SURGICAL APPROACHES

**A blood transfusion** may be necessary during procedure and patient agrees **YES or NO (Ring)**

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

**The following leaflet/tape has been provided**

**BAUS INFORMATION LEAFLET(A24/124)**

**Contact details** (if patient wishes to discuss options later) \_\_\_\_\_

**Statement of interpreter** (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

**Signature of interpreter:**

**Print name:**

**Date:**

**Copy (i.e. page 3) accepted by patient: yes/no (please ring)**

**Statement of patient**

**Please read this form carefully.** If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree**

- to the procedure or course of treatment described on this form.
- to a blood transfusion if necessary
- that any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE ☐

**I understand**

- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
- that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told**

- about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

\_\_\_\_\_

\_\_\_\_\_

Signature of Patient:		Print please:	Date:
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**A witness should sign** below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed \_\_\_\_\_  
 Date \_\_\_\_\_  
 Name (PRINT) \_\_\_\_\_

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	Job Title
Printed Name	Date

**Important notes: (tick if applicable)**

- ☐ See also advance directive/living will (eg Jehovah's Witness form)
- ☐ Patient has withdrawn consent (ask patient to sign/date here) \_\_\_\_\_

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## Patient Copy

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## REMOVAL of an EPIDIDYMAL CYST

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.



To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser:

<http://rb.gy/i66ar>

### KEY POINTS

- An epididymal cyst is a collection of fluid in the epididymis (sperm-carrying mechanism) alongside your testicle and such cysts are quite common
- It does not need treatment if it is small or causes no significant symptoms
- Aspiration (drainage) with a needle can remove the fluid but it will re-accumulate very quickly and is not recommended
- After surgery, your testicle may feel slightly “bulkier” than it was before
- Surgery to remove an epididymal cyst may affect your fertility

### What does this procedure involve?

Removal of a fluid-filled collection from the epididymis (sperm-carrying mechanism) alongside your testicle.

### What are the alternatives?

- **Observation** – no intervention if your cyst is small or does not bother you
- **Aspiration (drainage) with a needle** – this removes the fluid but it will often re-accumulate very quickly and is not a curative treatment nor is it standard practice.

## What happens on the day of the procedure?

Your urologist will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

## Details of the procedure

- Most commonly we do the procedure under a general anaesthetic (with you asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down)
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we make a small incision into your scrotum and separate the cyst (pictured) from your epididymis and testicle
- removing the cyst interrupts the passage of sperm from the testicle; this may be irreversible and can interfere with your fertility
- we close the skin with dissolvable stitches which will disappear after two to three weeks
- we normally provide you with a scrotal support to wear for the first few days











## Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not.

We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually.

The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling & bruising of your scrotum lasting several days	 Almost all patients
Recurrence of the cyst	 Between 1 in 10 & 1 in 50 patients
Blood collection (haematoma) around the testicle which resolves slowly or may need surgical drainage	 Between 1 in 10 & 1 in 50 patients
Infection of the wound or testicle requiring antibiotics or surgical drainage	 Between 1 in 10 & 1 in 50 patients
Chronic pain in your testicle or scrotum	 Between 1 in 50 & 1 in 250 patients
Scarring of your epididymis resulting in impaired fertility	 Between 1 in 50 & 1 in 250 patients
Inadvertent damage to the testicular blood supply resulting in atrophy (shrinkage) of your testicle	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

## What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a “high-risk” group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

## What can I expect when I get home?

- you will get some swelling and bruising of the scrotum which may last several weeks
- you may be uncomfortable for seven to 14 days
- we usually provide you with a scrotal support (“jock strap”) to make the post-operative period more comfortable. If you find this difficult to wear, you can use tight, supportive underwear or cycling shorts
- it is advisable to take some simple painkillers such as paracetamol or ibuprofen to help any discomfort in the first few days
- you may find ice packs helpful to reduce pain and swelling in the first few days after surgery (but do not apply them directly to your skin)
- if your bruising, swelling or pain is getting progressively worse, day-by-day, you should contact your surgical team for advice
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or tablets you may need will be arranged & dispensed from the hospital pharmacy
- you should avoid heavy lifting or any other strenuous exercise for at least four weeks
- your stitches will usually disappear after two to three weeks; you should avoid baths, because this can accelerate their disappearance, but you may shower
- we may arrange a follow-up appointment for you but this is not routine for all patients

## General information about surgical procedures

### *Before your procedure*

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### ***Questions you may wish to ask***

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### ***Before you go home***

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is



likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

### **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

### **What sources have we used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

### **DISCLAIMER**

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

**PLEASE NOTE:** the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.