



Mr. Daniel Steiner

MBBS (Hons), FRACS Urology

Urologist

Appointments & Correspondence via:
Suite 8.6, Level 8, Danks Wing
Epworth Hospital, 89 Bridge Road, Richmond 3121
Phone: Rooms 03 9421 3911 Fax 03 9421 3877

We prefer to send & receive letters via Argus

Pager: 03 9387 1000
Web: www.steinerurology.com.au
www.melbournekidneystoneclinic.com.au
Email: daniel@steinerurology.com.au
ABN: 26 177 358 924 Prov No: 253193AF

Epididymal cyst excision & Hydrocoele Repair operation

An epididymal cyst is a benign (non cancerous) cyst containing fluid/water.

It originates from the epididymis, which is a worm like structure attached to the top of the testis.

Surgical removal will typically be recommended when the cyst is either causing symptoms such as discomfort/pain or causing a cosmetic deformity. If the cyst is very small (i.e. <2cm), conservative management is quite appropriate.

A hydrocoele is a collection of fluid/water within the sac that contains the testis in the scrotum.

There are many causes of a hydrocoele, however most simply occur due to an imbalance between fluid production and inadequate reabsorption by the body.

Surgical correction will be recommended if the hydrocoele is causing symptoms such as pain/discomfort/ pressure or causing cosmetic deformity. Small hydrocoeles can be conservatively managed.

Surgical approach

Surgery for an epididymal cyst or a hydrocoele is quite similar so is described here together. The risks of the procedure and recovery for both surgeries are very similar

The operation is typically performed as a day case in the operating room under a general anaesthetic.

A midline incision will be made on the scrotum.

The layers containing the testis/hydrocoele and cyst will be carefully opened to confirm the diagnosis. Often, there may be both a hydrocoele and epididymal cyst.

If a cyst is present, this will be carefully dissected out completely to avoid damage to the testis.

A hydrocoele sac will be opened, drained of all its fluid and the sac resutured behind the testis (Jaboulay repair technique) to prevent recurrence

The scrotum will be closed with several layers of absorbable sutures

Local anaesthetic will be injected

A dressing will be applied

Recovery:

Day procedure – you will go home after being reviewed by Dr Steiner

You can remove the dressing after 1 week. Then use a non stick pad in the underwear if there is any discharge

Please wear firm/supportive underwear to minimise swelling

Your will be typically reviewed in the rooms 2-4 weeks post procedure

Risks/complications of the operation:

- Bleeding/haematoma – the main risk of scrotal surgery is bleeding/oozing. This will not be major bleeding, however can often cause significant bruising and swelling if this occurs.
- Wound infection – you will receive antibiotics at the time of surgery to minimise the risk. If you are concerned about wound infection please contact Dr Steiner's rooms
- Recurrence – there is a 5% chance of forming either a recurrent epididymal cyst or hydrocoele in the future