EPIDIDYMECTOMY (REMOVAL OF PART OR ALL OF THE EPIDIDYMIS)

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 the online version of this leaflet, type the text below into your web browser:
http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Epididymectomy.pdf

Key Points

- Epididymectomy is performed if there is an abnormality of the epididymis (the area alongside your testicle that transports sperm from the testis) or if it is causing severe pain
- Surgery to remove the epididymis does not always cure your symptoms
- Epididymectomy causes irreversible damage to the passage of sperm from your testicle and can reduce your fertility

What does this procedure involve?

Surgical removal of the sperm-carrying mechanism alongside the testicle. This is usually performed for chronic pain from the epididymis.

What are the alternatives?

- **Observation** - "doing nothing", if the pain is mild, and leaving your epididymis in place in place
- **Taking pain medication** – and possibly seeing a chronic pain specialist

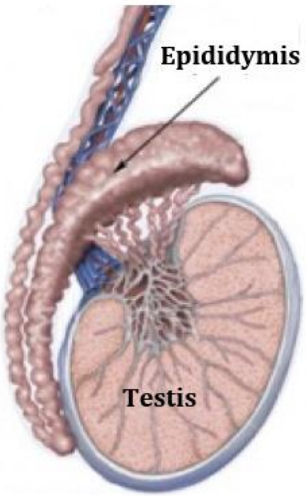
What happens on the day of the procedure?

A member of the urology team 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 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



- we normally use a general anaesthetic for the procedure or a spinal anaesthetic (where you are unable to feel anything from the waist down)
- we may give you antibiotics into a vein to prevent infection, after checking for any allergies
- we make a small incision in your scrotum and separate your epididymis from the testicle
- removal of part or all of your epididymis causes irreversible damage to the passage of sperm from your testis and can affect your fertility
- after removing the epididymis, we close the skin with dissolvable stitches which disappear after two to three weeks
- we normally use local anaesthetic injected into the scrotum to relieve any discomfort after the procedure
- we usually apply a supportive dressing ("jock strap") to cover the wound and provide support for your scrotum

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, discomfort & bruising of your scrotum which may last several days	 Between 1 in 2 & 1 in 10 patients
Failure to relieve the discomfort in your scrotum	 Between 1 in 10 & 1 in 50 patients
Haematoma (blood collection) around the testicle wich requires surgical removal or resolves slowly	 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
Inadvertent damage to the testicular blood supply resulting in atrophy (shrinkage) of your testicle	 Between 1 in 10 & 1 in 50 patients
Scarring of the epididymal remnant resulting in reduced fertility	 Between 1 in 10 & 1 in 50 patients
Chronic testicular or scrotal pain	 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?

- 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 onto the skin)
- if your brusing, swelling or pain is gettting progressively worse, day-by-day, please contact your surgical team for advice
- you should avoid heavy lifting and strenuous exercise for a month
- you should avoid soaking in a bath or swimming for at least one week
- your stitches will usually disappear after two to three weeks
- 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 may feel some lumpiness above or behind the testicle; this is common and often permanent
- we will arrange a follow-up appointment to review the situation

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 free NHS Smoking 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

We have made every effort to give accurate information but 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 do have any questions, you should contact your urologist, specialist nurse or GP.