

EXCISION OF EPIDIDYMAL CYST AND PARTIAL EPIDIDYMECTOMY

Pages	5	FILE NAME	SW-EPID
Total pages	40	OPERATION NO	005
Bytes	9885	SURGEON.....	M.H.EDWARDS
Total bytes		Last updated	08 06 06

STEPWISE

EXCISION OF EPIDIDYMAL CYST and PARTIAL EPIDIDYMECTOMY

GRADE 3 (VERY DIFFICULT)

THESE STEPS COVER

SINGLE EPIDIDYMAL CYST

MULTIPLE EPIDIDYMAL CYSTS

RECURRENT EPIDIDYMAL CYST(S)

Be prepared for a difficult dissection in tough fibrous tissue with many delicate vessels.

BILATERAL EPIDIDYMAL CYSTS

CHRONIC EPIDIDYMITIS usually tuberculous, unresponsive to chemotherapy. A very rare circumstance.

OTHER EPIDIDYMAL SWELLINGS eg. sperm granuloma.

GENERAL/EPIDURAL/SPINAL ANAESTHESIA

Local anaesthesia is unlikely to give satisfactory pain control during the operation.

STAGES

STEPS

- 1 PRELIMINARIES
- 9 ANAESTHESIA
- 10 POSITION
- 11 STANCE
- 12 PREPARE THE SKIN
- 18 INCISE THE SKIN
- 21 FIND THE CYST(S)
- 25 TREAT THE CYST(S)
- 34 CLOSURE
- 41 FINAL TOUCHES

- 47 EQUIPMENT LIST
- 48 MATERIALS LIST

QUICK STEPS First steps

SURGEON

STEP

NUMBER

- 1 PRELIMINARIES - READ ON
- 2 CHECK YOU HAVE THE CORRECT PATIENT
- 3 CHECK THE PATIENT KNOWS THE OPERATION CAN LEAD TO STERILITY
- 4 CHECK THE CORRECT SIDE
- 5 CHECK ANY NEW CYSTS ON EITHER SIDE
- 6 CHECK THERE IS NO OTHER PROCEDURE TO DO
- 7 CHECK THERE IS A DIATHERMY PAD
- 8 CHECK THE SCROTUM IS COMPLETELY SHAVED
- 9 ANAESTHESIA - GENERAL ANAESTHESIA
- 10 POSITION Supine with the feet apart to allow access to the scrotum.
- 11 STANCE Stand on the side of the largest cyst, with your one assistant on the opposite side.
- 12 PREPARE THE SKIN from the inguinal ligament to mid-thigh and from one anterior superior iliac crest to the other, including the scrotum and penis.

Use 2 swabs on sticks with 0.5% Chlorhexidine in 70% Propanol, followed by one to dry off.
- 13 TOWEL UP with a lower towel over the lower limbs up to the groin skin creases, with the scrotum lying on top. (Lift the scrotum up to do this).

Draw an upper towel upwards to the base of the penis to expose the front of the scrotum with the penis tucked upwards out of the way.

Place lateral towels over the thighs.
- 14 FIX THE TOWELS with towel clips.
- 15 CHECK THE DIATHERMY is working.
- 16 START WITH THE BIGGEST CYST
- 17 GRASP THE TESTIS AND CYST with your left hand, so that they are fixed firmly against the stretched scrotal skin.
- 18 INCISE THE SKIN over the testis and cyst.

Make the incision big enough to let the cyst and testis out through the wound.

Place the incision on the lateral side of the

testis, so that you will open into the tunica when the wound is deepened, and not into the side of the epididymis.

Incise between the vessels you see running under the skin to avoid bleeding.

19 DEEPEN THE INCISION into the sub dartos tissues with a scalpel until you open the tunica.

Keep holding the testis and cyst in your left hand during this procedure.

Avoid or coagulate vessels in the subdartos tissues to prevent bleeding.

When the tunica is opened, you will see the testis bulging through the opening, or straw-coloured hydrocele fluid leaking out.

20 STRETCH THE OPENING IN THE TUNICA with your fingers widely enough to let the testis and cyst(s) through.

21 FIND THE CYST(S) - READ ON

22 DELIVER THE TESTIS AND CYST(S) into the wound.

23 EXAMINE THE TESTIS

If you have cut the covering of the testis so that seminiferous tubules are leaking out, repair the defect with a continuous 2/0 catgut stitch (Ethicon W441).

If there is more than 5ml. of hydrocele fluid, plicate the tunica later.(not until STEP 30).

Treat other diseases of the testis on their own merits.

24 EXAMINE THE EPIDIDYMIS

FOR a typical bluish, thin-walled epididymal cyst, or cysts, on the upper epididymis, DO a PARTIAL EPIDIDYMECTOMY - GO TO STEP 25

A partial epididymectomy will remove all the cysts plus epididymal tissue which is potentially cystic.

It avoids the problem of cyst rupture before removal.

FOR all other well defined epididymal swellings, and chronic tuberculous epididymitis, DO a PARTIAL EPIDIDYMECTOMY - GO TO STEP 25

If there is just indefinite epididymal thickening, consider just taking a biopsy for

histology and bacteriology.
GO TO STEP 30 (PLICATE THE TUNICA).

25 TREAT THE CYST(S)/SWELLING - READ ON
DO A PARTIAL EPIDIDYMECTOMY.

The steps for CYSTS apply equally for
SWELLINGS.

26 DISSECT OUT CYST-BEARING EPIDIDYMIS using artery forceps
dissection.

Aim to remove only 5mm. of normal epididymis
around the cyst.

Find a plane between the epididymis and the
testis.

Coagulate vessels as you meet them.

Avoid vessels supplying the testis.

Free the cyst-bearing epididymis from the
testis so that it is held only by the lower
part of the vas and the upper part of the
more distal epididymis.

27 CLIP THE CYST-BEARING EPIDIDYMIS top and bottom with
artery forceps.

28 CUT THE CYST-BEARING EPIDIDYMIS FREE and send it for
histological examination.

29 TRANSFIX AND TIE THE CLAMPED TISSUE with 0 silk (Ethicon
W334)

Make sure there is no bleeding from the cut
ends.

Cut the ends 10mm. long.

30 PLICATE THE TUNICA if there were more the 5ml. of hydrocele
fluid originally.

Plicate the loose tunica which lies on the
epididymis and spermatic cord

Use interrupted stitches of 2/0 silk (Ethicon
333) in a radial fashion 1cm. apart.

Pass each stitch 4 times through the tunica
to gather the tunica up into pleats
(plication).

This plication should prevent the reformation
of hydrocele fluid.

31 CHECK HAEMOSTASIS, particularly on the testis.

32 RETURN THE TESTIS to the inside of the scrotum.

This can be quite difficult, particularly after a tunica plication.

Take your time.

33 CHECK THE SWAB, NEEDLE, AND INSTRUMENT COUNTS

34 CLOSURE - READ ON

35 CLOSE THE WOUND in a single layer using deep interrupted skin stitches of 2/0 catgut (Ethicon W440).

This will control bleeding from skin and subdartos tissues.

36 FOR EPIDIDYMAL CYST(S) ON THE OTHER SIDE
Change your gloves

GO BACK TO STEP 17 (GRASP THE TESTIS AND CYST)

37 SPRAY THE WOUND with Nobecutaine.

38 CHECK THERE IS NO OTHER PROCEDURE TO DO

39 DRESS THE WOUND with 10 dry gauzes.

40 FIT ELASTIC NET PANTS to hold the dressings in place.

41 FINAL TOUCHES

42 PULL EACH TESTIS into a correct position in the scrotum.

43 WRITE LEGIBLE OPERATION DETAILS

44 FILL IN THE SURGICAL AUDIT FORM

45 FILL IN THE HISTOLOGY FORM

46 DICTATE AN OPERATION LETTER TO THE GENERAL PRACTITIONER

47 EQUIPMENT LIST

48 MATERIALS LIST