What is an Epididymectomy?

An Epididymectomy is the surgical removal of the epididymis, the cordlike structure around the base of the testis where the sperm are stored. An epididymectomy maybe indicated when a chronic infection has been unresponsive to antibiotic therapy, or when there are complications after a vasectomy.

What does the Surgeon do?

After you are asleep the surgeon will shave the scrotum. An incision is made over the scrotum. The epididymis cord is identified taking care to avoid the principle nerves. The epididymis is cut away from the testicle and the cut ends of the tubules and vas deferens are tied. Any bleeding is stopped, the testicle is replaced in the scrotum and the skin wound closed with absorbable stitches.

Are there any Complications?

As with any surgical procedure complications may occur. The major potential problems are post-operative pain, infection and bleeding. Other potential problems include breathing difficulties, allergies, cardiac problems and deep vein thrombosis.

Other risks include:

- It is possible for the discomfort you are currently feeling to remain after surgery, unfortunately it is not possible to predict this.
- Despite careful operative technique, the blood vessel supply to the testicle may be damaged. If this happens the testicle may shrink.
- Sperm from the affected testicle will no longer be able to reach the outside and in time the testicle will stop producing sperm. Assuming you have normal sperm on the other side, you will still be able to father children and your fertility will not be affected.

What to expect after the Operation

- You will have a wound dressing around the operation site. There maybe a drain tube draining fluid from the operation site. This will be removed the morning after surgery.
- An Intravenous drip will be in your arm, antibiotics maybe administered through this.
- The site will be closely monitored for swelling, bruising and bleeding.
- Use regular pain relief during your recovery period Report any pain to the nursing staff.
- You will need to bring to hospital firm, supportive fitting underwear, such as jocks to wear after surgery for comfort and to decrease the risk of swelling.

When can I go home?

You should be able to go home when:

- You are pain free
- You do not feel sick
- You are able to eat and drink
- You are able to go the toilet
Recovery at Home

Wound Management
- Before discharge from hospital discuss with nursing staff the need for wound dressing
- Continue to wear supportive underwear until reviewed by your surgeon
- Daily shower, taking care not to rub soap into the wound. Let water run over wound and pat dry
- Bruising will improve over a few weeks

Medication
- Continue to use pain medication as prescribed
- Some pain relief medication may cause constipation. To avoid this:
  - high fibre diet (prunes, bran etc)
  - increase fluid intake
  - you may need a laxative (Senokot)

Activity
- driving can be resumed within 24 hours of an anaesthetic, but be wary of abrupt movement whilst driving
- Normal daily activities may be resumed on discharge. Discuss with your doctor precautions in regard to lifting, sport and sexual activity.

You should contact your doctor if you:-
- Pass bright red blood
- Have fever, shivers, shakes
- Wound becomes red, swollen or bruised
- Pain not relieved through regular pain control

Admission Details:

* Hospital
* Date
* Time

FASTING FOR AT LEAST 6 HOURS BEFORE SURGERY

TAKE USUAL MEDICATION ON MORNING OF SURGERY (except Aspirin/warfarin)
Expect to stay in hospital for 1-2 nights.

DO NOT TAKE ASPIRIN/WARFARIN/PERSANTIN ONE WEEK PRIOR TO SURGERY

If you envisage difficulties in managing at home after discharge, whilst in hospital ask to speak with a Home Care Nurse

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