SPERMATOCELECTOMY PROCEDURE INFORMATION

A Spermatocelectomy is a surgical procedure that removes a spermatocele (cyst like sac) from the epididymis (the tube that stores sperm) of a testicle.

WHAT TO EXPECT DURING THE PROCEDURE:
You will have a general anesthetic. An incision is made on the scrotum and the testicle with its attached spermatocele is lifted out so that the extent of the cyst or spermatocele and all of the anatomy can be carefully examined. The spermatocele is then dissected away from the epididymis while preserving as much of the epididymis as possible. Sometimes, a portion of the epididymis or even the entire epididymis must be removed because separating the two may cause too much bleeding or damage to other structures. Once the cyst or spermatocele is removed, the incision is sutured closed. A catheter may be placed to drain urine until the surgeon feels it is no longer needed.

RISKS OF PROCEDURE:

- Bleeding / Bruising
- Infection
- Anesthesia reactions
- Chronic Pain
- Sensation changes
- Damage to surrounding structures
- Testicular ischemia / loss

PRIOR TO YOUR PROCEDURE:
You will be scheduled in office two weeks before your procedure date for a pre-operative appointment to answer any questions. You will have prescriptions needed for the procedure sent to your pharmacy at this time.
Know the arrival time and date of your procedure.
If your procedure is canceled or must be rescheduled we will notify you as soon as possible and discuss potential dates for rescheduling surgery.

Please fill all prescriptions that we give you and read the instructions on the bottle. These prescriptions will have been given to you at your preoperative appointment or when we call prior to your procedure.
Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these Medications.

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You must notify your provider if you are taking any **SGLT2 inhibitors** such as

- Brenzavvy (bexaglifloxin)
- Inovokana (canaglifozin)
- Farziga (dapagliflozin)
- Jardiance (empagliflozin)
- Steglatro (ertugliflozin)

OR any **GLP-1 receptor agonists** such as

-Ozempic (semaglutide subcutaneous)
-Trulicity (dulaglutide)
-Bytetta (exenatide)
-Bydureon Bcise
-Victoza (liraglutide)
-Adlyxin (lixisenatide)

If you take any **blood thinners** on the following list, this will need to be discussed with your provider. Do not stop these medications on your own. According to the schedule below, unless otherwise noted by your cardiologist or Dr. Trotter/Dr. McClintock.

o Plavix (Clopidrogel)
o Pradaxa (Dabigatran)
o Xarelto (Rivaroxaban)
o Elquis (Aphixaban)
o Effient (Prasugel)
o Brillinta (Ticagrelor)
o Aspirin or Baby Aspirin
o Fish Oil
o Meloxicam

Medications Prescribed For Your Procedure: Please read the instructions below and ON THE MEDICATION BOTTLES for when, why and how to take them.

1. Keflex (cephalexin), Bactrim (trimethoprim /sulfamethoxazole) or Doxycycline. These are antibiotics. You are to start the antibiotic the day before the procedure and complete the course as prescribed. It may cause GI upset.
2. Tylenol with Codeine. These are optional narcotic pain medications. They are to be taken if needed for SEVERE pain after the procedure. Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation and drowsiness. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these medications.

WHAT TO EXPECT AFTER THE PROCEDURE:

You will be responsible for the care of the sutures/incision.
Your dressing(s) can be removed in 24 hours and the incision(s) left to air dry.
Keep the area clean and dry. Do not soak/submerge sutured areas until cleared by your provider.

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Bruising/Swelling is normal. You may indirectly apply ice packs (frozen pea packs) wrapped in a towel for 15 minute intervals per hour to the affected area for the first 48-72 hours or any time after to control pain.
Wear scrotal support when up.
You may elevate the scrotum when resting by placing a rolled towel underneath.
It is not uncommon to have swelling for several months as the healing process occurs.
It is important to support your scrotum when you are up and moving around.
It is important to move after surgery, although avoid strenuous physical activity for 2-3 weeks post-surgery or until cleared by your provider.

CONTACT OFFICE WITH ANY CONCERNING SYMPTOMS INCLUDING:
-Fever or 101 F degrees Fahrenheit or higher.
-Discharge from incision that is yellow/green or foul smelling.
-Painful swelling to the scrotum.
-Redness of the genital area that appears to be spreading.
-Uncontrolled vomiting

Important Contact Information
Midtown Urology
911 W. 38th Street, Suite 200
(512) 451-7935 phone
(512) 451-7965 fax

If you need to reach the doctor after hours for an urgent matter, please call our office at 512-451-7935 and follow the prompts to be connected with the on-call provider.

You may also go to Seton Main Emergency Room on 38th and N. Lamar. Please only go to this hospital as our physicians have privileges there.

Hospital for Emergencies
Seton Main Medical Center
1201 W 38th St, Austin, TX 78705

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