

## Procedure Information Sheet – Removal of Testicular Cyst

|              |           |
|--------------|-----------|
| Hosp No. :   | HKID No.: |
| Case No. :   |           |
| Name :       |           |
| DOB :        | M / F     |
| Adm Date :   |           |
| Contact No.: |           |

### 1. Introduction

- 1.1. A testicular cyst is collection of fluid in the epididymis alongside the testicle.
- 1.2. The cyst is quite common, it may not need treatment if it is small or causes no significant symptoms.
- 1.3. Increase in size of cyst, causing discomfort or pain, are indication of the operation.
- 1.4. The Surgery may affect the fertility

### 2. Procedural Preparation

- 2.1. A written consent is necessary
- 2.2. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.

### 3. The Procedure

- 3.1. The procedure is to be done under a general or spinal anaesthesia.
- 3.2. A small incision cut at groin and separate the cyst from your testicle, and then removing the cyst.
- 3.3. Wound is closed with stitches.

### 4. Possible Risk and complications

- 4.1. Operation related complication:
  - 4.1.1. More Common are wound swelling or yellowish fluid from the wound for few days after surgery.
  - 4.1.2. Some occasional complications may occurred, such as recurrence of the fluid cyst, haematoma (that may resolve slowly or requires surgical removal), chronic testicle pain, or wound infection.
  - 4.1.3. Less common but possible complication is impaired fertility.

### 5. Remark

- 5.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

### 6. References

- 6.1. The British Association of Urological Surgeons Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: \_\_\_\_\_

Patient/ Relative Name: \_\_\_\_\_

Date: \_\_\_\_\_

