

# Epididymal Cysts

## Prior Approval

### All Patients

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk/](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available.

#### Epididymal Cysts

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting criteria set out below and are fully documented within the patient's primary care records.

- The patient has a cyst that is at least 3 times the length of the contralateral hemiscrotum based on clinical examination. (Where there are bilateral cysts, these should be considered against what the size would have been in normal anatomy)

#### NOTE:

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

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## BRAN

For any health - related decision, it is important to consider “**BRAN**” which stands for:

- Benefits
- Risks
- Alternatives
- Do Nothing

## Benefits

Epididymal surgery can:

- Decrease or stop any pain if this is experienced by the patient.
- Decrease swelling.

## Risks

As with any operation, there is a risk of complications from the surgery and with the anaesthetic although this risk is very small. Possible problems from this surgery might include:

- Pain / Swelling – all surgery results in a degree of pain and swelling.
- Scrotal pain is not always improved.
- Infection – there is a small risk of infection which is generally superficial around the wound. If this occurs, this is usually managed successfully with antibiotics.
- Delayed Healing – there is always a risk that it may take longer. Epididymal Cysts All Patients Prior Approval Required
- Scarring – whilst the vast majority settle.
- Complex Regional Pain Syndrome is a condition where a person experiences persistent severe and debilitating pain.
- Recurrence – in very rare cases if the desired result is not achieved there may be a need for another surgery.

## Alternatives

- Continue to treat conditions conservatively, if appropriate.

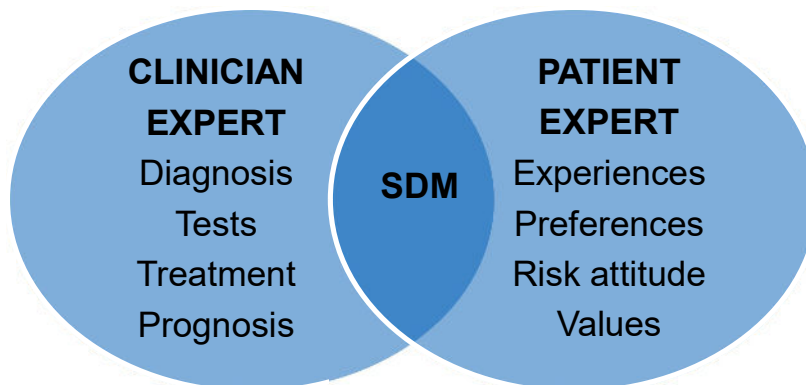
## Do Nothing

- Without surgery the patient's mobility may remain as it is, or could improve with time, Pain and mobility may also get worse without surgery.
- Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

## Shared Decision Making

If a person fulfils the criteria for Forefoot Surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. This includes their preferences and values. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

## **Epididymal Cysts Removal – Plain Language Summary**

An epididymal cyst is a fluid filled sac which grows at the top end of the testicle. It is benign – not caused by cancer. Some men only get one; others get several on both testicles. Rarely, they can be associated with illness that causes cysts in other parts of the body. Small cysts do not need treatment. Larger ones can be removed by a surgeon, especially if painful. Drainage using a needle (aspiration) is another option but it is not done very often. Men are more likely to get an epididymal cyst around the age of 40. Children rarely get them before they become teenagers.

## **This policy has been developed with the aid of the following references:**

1. NICE (2023) How to manage a epididymal cyst (Clinical Knowledge Summary)  
[www.nice.org.uk](http://www.nice.org.uk)
2. National Health Service (2023) Health A to Z: Testicle lumps and swellings [online]  
[www.nhs.uk/conditions](http://www.nhs.uk/conditions)

3. National Library of Medicine (2020) Aspiration and sclerotherapy of hydroceles and spermatoceles/epididymal cysts with 100% alcohol (31628703) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
4. National Library of Medicine (2018) Epididymal Cysts: Are They Associated With Infertility (27118455) [www.pubmed.ncbi.nlm.nih.gov](http://www.pubmed.ncbi.nlm.nih.gov)
5. Patient Platform (2023) What is an epididymal cyst <https://patient.info>

## Connected Policies

Hydrocele Policies

## Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB's are responsible, including policy development and review.

## Document Control

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## OPCS Procedure codes

Must have any of (primary only):

TBC



**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BSSG.customerservice@nhs.net](mailto:BSSG.customerservice@nhs.net).

