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| Intervention | **005. Epididymal Cyst Surgery** |
| For the treatment of | Epididymal Cyst |
| Commissioning Position | This intervention is commissioned for symptomatic epididymal cysts where there is:   * Persistent pain OR * Discomfort due to the cyst size causing mechanical problems |
| Summary of Rationale | People with asymptomatic or mildly symptomatic epididymal cysts, confirmed by ultrasound scan, should not be referred from primary to secondary care. Reassurance should be provided with offer of review if symptoms/size changes. Aspiration is associated with fewer complications but a lower success rate and patient satisfaction rate than excision, so should only be considered if the patient is unfit for surgery. |
| References | [Asymptomatic Scrotal Swelling - Commissioning Guide — Royal College of Surgeons (rcseng.ac.uk)](https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/asymptomatic-scrotal-swelling/)  [Scenario: Epididymal cyst or spermatocele | Management | Scrotal pain and swelling | CKS | NICE](https://cks.nice.org.uk/topics/scrotal-pain-swelling/management/epididymal-cyst-or-spermatocele/) |
| Effective from | October 2024 |
| Policy Review Date | October 2027 |