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Spermatocele

Definition

A **spermatocele** is a sperm-filled cyst within the **scrotum**, the sac that surrounds the **testicles**. The testicles make sperm. Before sperm leaves the body it must travel from the testicles and through the **epididymis**, a long section of tightly coiled tubes called **spermatic ducts**. It is located on the back of each testicle.

If one of the spermatic ducts becomes blocked, sperm cannot pass thorough. When this happens, the sperm collects and forms a spermatocele.

Cause

Doctors do not know what causes a spermatocele to form.

At-Risk Groups

There is no specific group of men who are more likely to develop a spermatocele. Any man may develop a cyst of this type.

Symptoms

Most men with this type of cyst have no symptoms. In fact, many spermatoceles are only discovered during a routine physical exam. Most of these cysts are very small. Rarely, they can be very large and may be painful.

Complications

Most spermatoceles cause no symptoms, and many men do not even know they have one until it is found during a self-examination or annual physical.

Most of these cysts require no treatment and cause no serious complications.

If the cyst is large enough to require removal, there may be complications following treatment. These complications may include:

- Infection.
- Swelling.
- Infertility.

- Return of spermatocele.

Diagnosis

Most spermatoceles are discovered during routine physical exams. During a physical exam, your doctor will feel your scrotum to check for unusual bumps or swelling.

If a spermatocele is felt or if one is suspected, your doctor may perform an **ultrasound** of your scrotum.

An ultrasound uses sound waves to produce detailed images of the inside of your scrotum. Your doctor can clearly see the exact size and location of your spermatocele on an ultrasound image.

Treatment

Most spermatoceles require no treatment. Rarely, they may cause discomfort or become large. These cysts may require treatment.

The primary treatment for spermatocele is a surgery called **spermatocelectomy** during which the cyst is removed. You will be able to go home after the procedure.

Before surgery, you will be given medication so that you are unconscious during surgery and cannot feel pain. This is called **general anesthesia**. You may also have **epidural anesthesia**. The medication is injected through a very small tube placed near your lower spine. You will be conscious but your lower body will be numb.

Your scrotum will be cleaned and shaved near the area of the spermatocele. A small incision is made in your scrotum and the testicle and epididymis are pulled out of the scrotum. Most of these cysts are attached to the epididymis by a very small tube. This tube is tied closed using absorbable thread. The cyst is removed. The testicle and epididymis are placed back inside the scrotum and the incision is closed. Sterile bandages will be placed on the wound. Ice packs will be placed on the area to control swelling.

Following surgery, you will be observed until you are alert. You will be able to go home the same day. After surgery, keep the wound dry for 48 hours. Avoid straining your groin for two weeks.

Once you return home, the following may help prevent swelling and discomfort following surgery:

- Wearing an athletic supporter.
- Holding an ice pack on the area.
- Lying down and slightly elevating the scrotum.
- Over-the-counter pain relievers with acetaminophen (such as Tylenol brand pain reliever).

Another treatment for spermatocele is called **sclerotherapy**. It is used less frequently because it is less effective than surgery. During this procedure, a very thin needle is inserted into the spermatocele and the sperm is removed.

The spermatocele may quickly refill with sperm. To prevent this, a solution that sticks the sides of the spermatocele together is injected into the empty cyst. Prior to the procedure, you will be given a shot of medication near the spermatocele to numb the area.

Following sclerotherapy, no direct pressure should be applied to the scrotum. You will be able to go home soon after the procedure with no restrictions.

Either treatment may permanently block sperm flow and result in infertility. For this reason, if you are planning to have more children, treatment should be postponed if possible until fertility is not a concern.

Prognosis (Expectations)

Most spermatoceles require no treatment and have few if any complications. Occasionally, spermatoceles may become enlarged or painful. These cysts may require treatment.

Following the removal of a spermatocele, fertility problems may result. As with any surgery, there is a risk of infection, blood clots, and temporary swelling.