

What next?

- The dressing should be kept dry for the initial 72 hours after surgery and then removed by soaking in a bath until it comes off easily.
- The dressing may sometimes adhere to the wound causing slight bleeding on removal. Don't panic, the bleeding will stop.
- On discharge, a prescription may be issued for patients to collect.
- Patients should schedule a follow-up appointment with Dr Schoeman 2 weeks after the procedure.
- There will be signs of bruising for at least 10 days.
- The suture-line will be hard and indurated for at least 8-10 weeks.
- Sick leave will be granted for 14 days.
- Please direct any further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL SHOULD THERE BE ANY SIGNS OF SEPSIS.**



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Urologist



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PATIENT INFORMATION BROCHURE

VARICOCELECTOMY (OPEN)

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

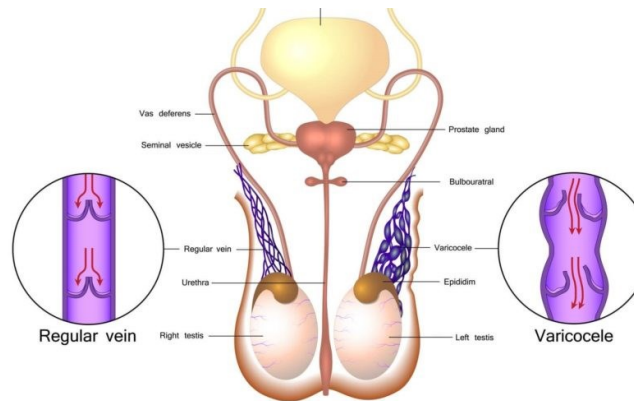
Varicocelectomy (Open)

Why is it done?

- Painful scrotal varices
- Male infertility
- **Exclude: Renal mass causing this!**

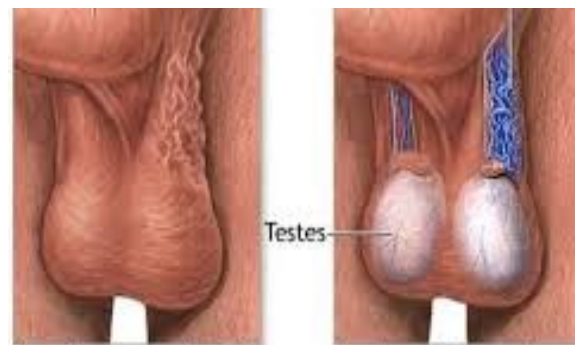
Pre-requirements

- An informed consent is required from the patient.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this to theatre staff and Dr Schoeman**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist / physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-op blood tests are required 4 days prior to surgery.
- The inguinal area (area from navel to pubic bone, hip bone to midline, on affected side) is shaved once hospitalized.
- Please ensure that the ward admission staff, the theatre staff and Dr Schoeman are made aware of the correct side on which the procedure is to be done.
- Be prepared for an overnight stay.



How is it done?

- This procedure is done under general anaesthetic.
- 2 options are available: Laparoscopic and open (inguinal/flank)
- Open inguinal approach: A single incision is made in the groin overlying the spermatic cord. The underlying muscle layers are then opened.
- The spermatic cord is isolated and opened. Each individual vein is isolated and tied off individually taking care not to injure the artery, or vas.
- Subcutaneous skin sutures (which need not be removed) are used in closing, unless stated otherwise by Dr Schoeman.
- A dressing is then applied, which should be removed after 72 hours.
- A local anaesthetic is injected into the wound, thus giving post-operative pain relief for the next 4-6 hours.
- A catheter will be inserted overnight.



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain such risks.
- Bleeding is a common complication
- A haematoma (blood collection under the skin) may form and needs to be reviewed by Dr Schoeman as soon as possible. Bruising is normal.
- An infection of the wound may occur and requires immediate review.
- A further complication may be that the testis may become smaller after the operation.
- **DANGER SIGNS:** A wound that swells immediately, fever, or puss. Contact Dr Schoeman or the hospital immediately as this may occur in up to 10-15% of all cases.
- **There is up to a 50-60% recurrence rate after any procedure**

