Before Surgery continued

- Asprin
 - ⇒ Stay on this unless otherwise instructed by Dr Elmes' rooms

INSULIN

Please let Dr Elmes know if you are on insulin as the dosage will need to be adjusted perioperatively.

PRE-OP ASSESSMENT/PATHOLOGY TESTS

- You must attend this visit if asked by Dr Elmes or the hospital
- You must get all blood/urine tests done approximately one week prior to operation

FILMS

Please bring your CT's/US or other appropriate films to your operation. In some cases your surgery will be postponed if you do not.

After Surgery Care

Expect:

- Some scrotal/testicular pain and swelling
 What to do:
 - Wear <u>supportive underwear</u> for at least 2 weeks
 - · Take it easy for at least 2 weeks

Avoid:

· Sexual intercourse for 2 weeks

Inform Dr Elmes' rooms if:

- · Unable to urinate
- Increasing scrotal pain/swelling
- Fevers/unwell

Risks:

- Bleeding/haematoma 1%
- Infection 2%
- Anaesthetic complications AMI/DVT/PE/Stroke
- Specific risks for each operation will be discussed with you by Dr Elmes



DR MARTIN ELMES

With over 10 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients needs with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include minimally invasive Robotic prostate & kidney surgery, BPH treatments (Advanced laser prostate enucleation (HoIEP) & UroLift) and Erectile Dysfunction (needle-free intracavernosal injections and penile prosthesis surgery). Dr Elmes is dedicated to teaching and training today's medical students, junior doctors and surgeons to ensure there is continuous development in the field of Urology.

Please visit our website or call us on (07) 5598 0098 for more information about what is best suited for you.

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8

@DRMARTINELMES

PROCEDURE	
DATE:	
PROCEDURE	
LOCATION:	

TIME TO BE ADVISED BY ROOMS THE WEEK PRIOR TO PROCEDURE DATE

A PATIENT GUIDE TO SCROTAL SURGERY





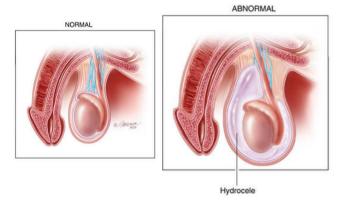
UROLOGICAL SURGEON
DR MARTIN ELMES

MBBS (MELB), FRACS (UROL. SYD)
ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

What is A Hydrocele?

This is an abnormal collection of fluid around either testis, which generally gets larger overtime and rarely is it caused by underlying testicular cancer.

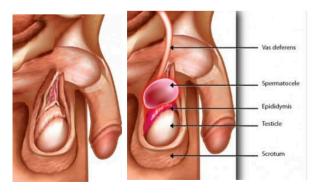
The sac of fluid needs surgical removal under general anaesthesia. If it is a large volume then you will be in hospital overnight with a drain tube placed in the scrotum.



What is an Epididymal cyst?

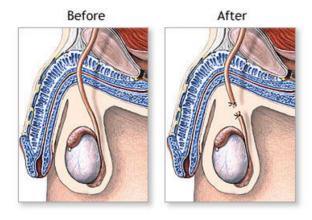
This is simply a cyst or cysts in the epididymis – a collection of tubes/ducts, which are attached to the back of each testis and house sperm. It is not cancerous.

Normal: Abnormal:



What is a Vasectomy?

This is a procedure to ensure male sterility. A small segment of the two "vas deferens" (tube which expels sperm from each testis into prostate/penis) is cut out and the ends of the tube are tied off. A semen analysis is required 3 months after the procedure and patients must liaise with Dr Elmes or their GP before they are confirmed to be infertile.

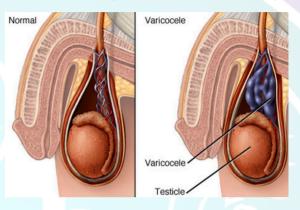


What is a Vasovasostomy?

A microsurgical vasovasostomy or vasectomy reversal is a rejoining of both cut vas deferens with the aid of a high powered operating room microscope to reestablish male fertility. The success rate varies depending on many factors which will have been discussed with you by Gold Coast Urologist Dr Elmes.

What is a Varicocele?

A Varicocele is essentially varicose veins of the testicle/scrotum. It is usually congenital and left sided, rarely it may be caused by kidney cancer. Often they have no symptoms however if you get testicular ache at the end of a days work or if you are trying to conceive then this may cause correctable infertility.



Before Surgery

FASTING

You will be instructed by the hospital or Dr Elmes' rooms when to fast (food & fluid).

TABLETS

Continue all tablets (including if fasting with a sip of water) except blood thinners.

BLOOD THINNERS

- Plavix or Clopidogrel or Persantin or Asasantin
 - ⇒ Cease TEN DAYS prior
 - ⇒ You may be instructed to take 100mg aspirin daily in its place
- Warfarin
 - ⇒ Cease SEVEN DAYS prior
 - ⇒ You may need Clexane bridging therapy (last dose 24 hours before surgery)
- Brilinta or Xarelto or Pradaxa
 - ⇒ Cease THREE DAYS prior
 - ⇒ You may be instructed to take 100mg asprin in its place