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Varicoceles

Imaging Department

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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What is a Varicocele?

A varicocele is a dilated or varicose vein in the scrotum (the loose skin around the testes). It usually occurs on the left hand side and is found in approximately 10% of men. Usually varicoceles are asymptomatic, but symptoms such as pain, particularly with prolonged standing or sitting and atrophy (shrinkage) of a testicle are recognised associations. There is also a link with infertility; in 30% of infertile couples the male partner has a varicocele.

All veins have valves to prevent the backflow of blood. A varicocele occurs when the valves in the vein draining the testis become incompetent, allowing back pressure to build up in the venous system. As veins have thin muscular walls this pressure makes the veins dilated or varicose, thus causing the varicocele.

The diagnosis of a varicocele is relatively straightforward; if large the appearance of the scrotum has been likened to a bag of worms. Ultrasound examination is also used to detect smaller varicoceles.

If your varicocele requires treatment there are two options available, either of which result in permanent blockage of the veins:

1. an interventional radiological treatment known as embolisation, in which tiny metal coils are placed in the veins to block them.
2. surgery.

What does radiological and treatment entail?

Radiological treatment is undertaken by an interventional radiologist (a medical doctor trained in this type of treatment). Following an injection of local anaesthetic in a groin, a small 3mm incision is made. Using x-ray guidance a small thin tube, termed a catheter, is steered into the abnormal vein. Once the small coils have been placed in the vein the small catheter is removed. After a few hours observation you will be allowed home. While most varicoceles are suitable for radiological treatment, occasionally the venous anatomy is too tortuous to allow coil placement. In these cases surgery remains the alternative option.

What does surgical treatment entail?

Surgical treatment is either open surgery exploration with ligation (cutting and tying) of the abnormal veins or by keyhole laparoscopic surgery. Both surgical options require a general anaesthetic.

Both the radiological and surgical treatments have a similar success rate and can be carried out as a day case procedure. The radiological treatment avoids the need for a general anaesthetic and any surgical incision. In view of these two factors, recovery time tends to be quicker with the radiological procedure.

What happens after radiological treatment of a varicocele

Normally there are no particular after effects. Occasionally there may be some testicular discomfort on the side treated. This usually subsides after a few days and responds to standard anti-inflammatory drugs such as Ibuprofen.

Will the radiological treatment hurt?

The initial access is through the femoral vein in the groin. Local anaesthetic is injected into the area prior to insertion of the catheter to make this area numb. This can cause some stinging. Apart from this you will not feel anything else.

Are there any risks associated with radiological treatment of a varicocele

Overall the treatment is considered safe with a low risk of complications. As with any interventional procedure however there are recognised complications. These normally relate to damage or bruising around the femoral vein in the groin or displacement of one of the coils into the venous circulation during the procedure. The doctor undertaking the procedure will fully explain fully when you sign the consent form for the procedure.