

# Patient information

# Varicocele Embolisation

Interventional Radiology Department

#### **Varicocele Embolisation**

This leaflet tells you about the procedure known as varicocele embolisation, explains what is involved and what the possible risks are. It is not meant to be a substitute for informed discussion between you and your doctor, but can act as a starting point for such a discussion.

The varicocele embolisation is likely to be done as a pre-planned procedure, and you should have had plenty of time to discuss the situation with your consultant and the radiologist who will be doing the procedure, and perhaps even your own family doctor (GP), before you sign the consent form.

Do make sure that you have had sufficient explanation about what is involved before you sign the consent form.

#### What is a varicocele embolisation?

A varicocele is an abnormality of the veins that take blood away from the testicle. The veins become bigger and more obvious, rather like varicose veins in the leg. Embolisation is a way of blocking these veins, and therefore making them less obvious and causing the varicocele to disappear, without an operation.

Varicoceles can cause various problems, including infertility. In the past, an open operation would have been necessary to get rid of the varicocele, but now it can be treated by the technique of embolisation.

## Who will be doing the varicocele embolisation?

A specially trained doctor called a Radiologist. Radiologists have special expertise in using X-ray equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

## What are the benefits of having a varicocele embolisation?

This procedure avoids an operation on your stomach. It will relieve any discomfort you may be feeling, and can improve fertility.

# What are the risks of having a varicocele embolisation?

- There may occasionally be a small bruise, called a haematoma around the site where
  the needle has been inserted, and this is quite normal. If this becomes a large bruise,
  then there is the risk of it getting infected, and this would then require treatment with
  antibiotics.
- Very rarely, some damage can be caused to the vein by the catheter, and this may need to be treated by surgery or another radiological procedure.
- Unfortunately, there is always the possibility that although the varicocele seems to have been cured to start with, months or even years later, it may come back again. If this happens, then the procedure may need repeating, or you may be advised to have an operation.

# **Important**

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for kidney X-rays and CT scanning, then you must also tell your doctor about this.

# Will I be given an anaesthetic?

You will be given a local anaesthetic. Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well. For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

## Getting ready for your varicocele embolization

You need to be an inpatient in the hospital.

- You will probably be asked not to eat for four hours beforehand, though you may be told that it is okay for you to drink some water.
- You may receive a sedative to relieve anxiety.
- You will be asked to put on a hospital gown. As the procedure is generally carried out using the big vein in the groin, you may be asked to shave the skin around this area

#### The examination

The examination is generally performed in the X-ray department, in a special "screening" room, which is adapted for specialised procedures.

You will lie on the X-ray table, generally flat on your back. You need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative or painkillers. You may also have a monitoring device attached to your chest and finger, and may be given oxygen through small tubes in your nose.

The radiologist will keep everything sterile, and will wear a theatre gown and operating gloves. The skin near the point of insertion, probably the groin, will be swabbed with antiseptic, and then most of the rest of your body covered with a theatre towel.

The skin and deeper tissues over the vein will be anaesthetised with a local anaesthetic, and then a needle will be inserted into the large vein in the groin.

Once the radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into the vein. Then the needle is withdrawn allowing a fine plastic tube, called a catheter, to be placed over the wire and into the vein.

The radiologist uses the X-ray equipment to make sure that the catheter and the guidewire are moved into the right position, into the varicocele, and then the wire is withdrawn.

The radiologist can block the abnormal veins, either by injecting a special fluid down the catheter, or passing down small metal coils. These metal coils are like small springs, and cause the blood around them to clot, and consequently block the vein.

The radiologist will inject small amounts of special dye, called contrast medium, down the catheter, to check that the abnormal veins are being blocked satisfactorily. Once they are blocked completely, the catheter will be removed. The radiologist will then press firmly on the skin entry point for several minutes, to prevent any bleeding.

## Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon passes off, and the skin and deeper tissues should then feel numb. After this, the procedure should not be painful.

There will be a nurse, or another member of staff, standing next to you and looking after you.

If the procedure does become uncomfortable for you, then they will be able to arrange for you to have some painkillers through the needle in your arm. You will be awake during the procedure, and able to tell the radiologist if you feel any pain, or become uncomfortable in any other way.

## How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Generally, the procedure will be over in about half an hour, but you may be in the X-ray department for about an hour or so.

#### After the examination

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no untoward effects. They will also look at the skin entry point to make sure there is no bleeding from it.

You will generally stay in bed for a few hours, until you have recovered. You may be allowed home on the same day, or kept in hospital overnight.

#### Results

You will be told at the time if the procedure has been a success.

#### **Feedback**

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Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your cooperation is greatly appreciated.

## **Further Information**

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**Review Date: March 2026** 

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