

VARICOCELE EMBOLISATION

PATIENT INFORMATION

This leaflet tells you about having varicocele embolisation. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and Dr Ian McCafferty. If you have any questions about the procedure please contact the Priory Hospital Birmingham Radiology department.

WHAT IS A VARICOCELE EMBOLISATION?

A varicocele is an abnormality of the veins that take blood away from the testis. The valves in the veins do not work properly and so the veins become bigger and more obvious, rather like varicose veins in the leg. Embolisation is an image guided minimally invasive treatment, which blocks the enlarged vein from the testis typically using a spring (coil) and allows the veins to shrink.

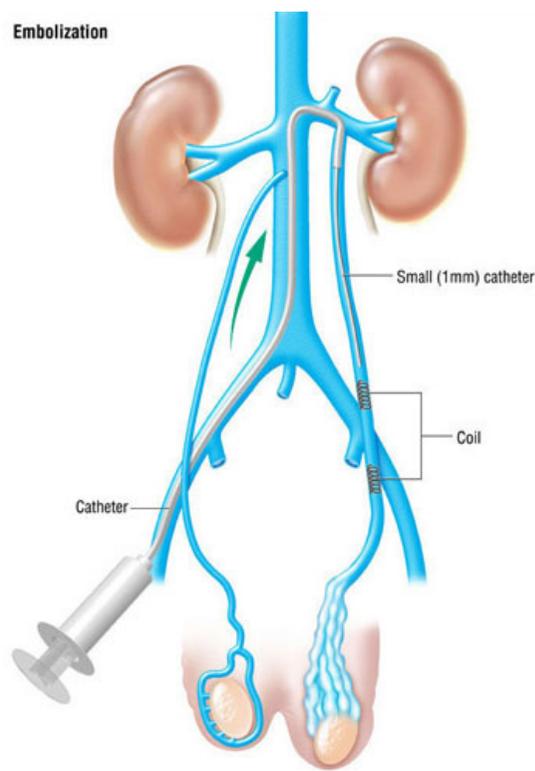
Incompetence in the testicular vein is the commonest cause of a varicocele, which is targeted with embolisation. However other draining veins can cause the varicocele, which cannot be targeted by embolisation. These will need surgery.

WHY DO YOU NEED AN EMBOLISATION?

A varicocele can cause discomfort in the scrotum, which is worse when standing, exercising or cycling. They are sometimes diagnosed during the investigation of infertility and treatment may help your sperm count.

There are a number of ways to treat a varicocele including open groin surgery, laparoscopic surgery and minimally invasive embolisation.

Embolisation is performed in interventional radiology and uses X-rays to guide a small tube to the vein to block it with only a small 3–4 mm incision in the groin. It is performed as a day case procedure.



WHO HAS MADE THE DECISION?

Your consultant urologist, general surgeon, infertility expert or GP has referred you to Dr Ian McCafferty in interventional radiology for consideration of varicocele embolisation. Dr Ian McCafferty will arrange for an ultrasound assessment, if you have not already had one and may arrange to see you in his clinic. You will have the opportunity for a full discussion at this time and for your opinion to be considered. If, after discussion, you no longer want the procedure, you can decide against it.

ARE THERE ANY SPECIAL PREPARATIONS?

Varicocele embolisation is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

WHO WILL YOU SEE?

A specially trained team led by Dr Ian McCafferty within the radiology department. Dr Ian McCafferty has special expertise in reading images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHERE WILL THE PROCEDURE TAKE PLACE?

In the interventional radiology theatre, this is similar to an operating theatre into which specialised X-ray equipment is installed.

WHAT HAPPENS DURING EMBOLISATION?

Before the procedure Dr Ian McCafferty will explain the procedure and ask you to sign a consent form.

You will be asked to dress in a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that a sedative or painkillers can be given if required.

You will lie on the X-ray table, generally flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen.

The procedure is performed under sterile conditions and the interventional radiologist and nurse will wear sterile gowns and gloves. The skin near the point of insertion, usually the groin but occasionally the neck, will be cleaned and covered with sterile drapes.

The skin and deeper tissues over the vein will be numbed with local anaesthetic, and then a fine tube (catheter) will be inserted and guided, using the X-ray equipment, into position down the vein (testicular vein), which takes blood away from the testis. The interventional radiologist will block this vein usually by inserting small metal coils, which look like springs and will remain in the abnormal vein.

Dr Ian McCafferty will inject a little dye (contrast agent) to check the position of the catheter and that the abnormal veins are blocked satisfactorily. Once they are blocked, the catheter will be removed. The interventional radiologist will press firmly on the skin entry point for a few minutes to prevent any bleeding.

WILL IT HURT?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. After this, the procedure should not be painful.

HOW LONG WILL IT TAKE?

Every patient is different, and it is not always easy to predict; however, expect to be in the theatre for about an hour.

WHAT HAPPENS AFTERWARDS?

You will be taken back to the ward. Nursing staff will carry out routine observations and you will generally stay in bed for a couple of hours. Then you can go home. Take it easy for a couple of days.

ARE THERE ANY RISKS?

Varicocele embolisation is a very safe procedure, but as with any medical procedure there are some risks.

There may occasionally be a small bruise (haematoma) at the needle site. This will go away in a week or two.

A few patients may experience mild discomfort in the groin afterwards, which rarely lasts more than a few days.

There is a very small risk that a coil could migrate. If this happens the coil is usually retrieved, however if this is not possible it is very unlikely to cause significant problems.

Occasionally it may not be possible to obtain a satisfactory position for safe embolisation, in which case a surgery may be offered.

Unfortunately, there is a possibility that the varicocele may return (<10%). This may also happen after a surgical treatment. If so the procedure can often be repeated.

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