

Variocoele Embolisation

Having a varicocele embolisation

A guide for inpatients and outpatients

This leaflet tells you about the procedure known as varicocele (pronounced VARI-COSEAL) embolisation. It explains what is involved and what the possible risks are. It is not meant to be a substitute for an informed discussion between you and your doctor. It can however act as a starting point for such a discussion. Whether you are having the varicocele embolisation as planned or as an emergency procedure you should have sufficient explanation 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 like varicose veins in the leg.
- Embolisation is a way of blocking these veins using X-ray guidance. It makes them less obvious and causes the varicocele to disappear, without an operation.

Why do I need a varicocele embolisation?

- Varicoceles can cause various problems, including discomfort and swelling. There may also be an association with infertility.
- In the past, an open operation would have been necessary to get rid of the varicocele. It can now be treated by the technique of embolisation. Who has made the decision? The consultant in charge of your case and the radiologist carrying out the varicocele embolisation will have discussed the situation and decided that this is the best treatment option. However, you will also have the opportunity for your opinion to be taken into account. If, after discussion with your doctors, you do not want the procedure to be carried out, you can decide against it.

Who will be performing the varicocele embolisation?

- A specially trained doctor called an interventional radiologist.
- Radiologists have special expertise in using X-ray equipment in interpreting the images produced. Interventional radiologists have additional skills to use these imaging techniques to treat various clinical conditions in a minimally invasive way.
- They will be assisted by a radiographer and a nurse.

Where will the procedure take place?

Usually in a special screening room in the X-ray department (adapted for specialised procedures).

How do I prepare for varicocele embolisation?

- Eat and drink as normal.
- You will be asked to come to the Radiology Day Unit (RDU).
- When you arrive in the department you will be asked to change into a hospital gown.
- If you have any allergies it is very important that you tell your doctor.
- If you have previously reacted to intravenous contrast medium (the dye used for CT scans) you must tell your doctor.
- As the procedure is generally carried out using the big vein in the groin, the nurse may need to shave the skin around this area. (Depending on the radiologist, sometimes the procedure is done via a vein in your neck.) The area will then be cleaned with antiseptic and your body will be covered with a sterile drape.
- **Do not** shave the hair yourself. This can increase the risk of infection at the site of the operation.
- If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

What actually happens during varicocele embolisation?

- You will lie on the X-ray table (usually flat on your back).
- You will have a monitoring device attached to your arm and finger.
- The radiologist will keep everything as sterile as possible; he/she will wear a theatre gown and operating gloves.
- The skin and deeper tissues over the vein will be anaesthetised with local anaesthetic. 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 and a fine plastic tube (a catheter) will be inserted into the vein.
- The radiologist will use the X-ray equipment to make sure that the catheter and the guide wire are moved into the right position.
- The radiologist can block the abnormal veins by passing small metal coils down the catheter. These metal coils are like small springs. They cause the blood around them to clot and consequently block the vein.
- The radiologist will inject small amounts of a special dye (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?

- Some discomfort may be felt in the skin and deeper tissues during injection of the local anaesthetic.
- The rest of the procedure is generally painless.
- There will be a nurse, or another member of clinical staff, in the room looking after you.
- If the procedure does become uncomfortable, please let the staff know. They will be able to arrange for you to have some painkillers.

How long will it take?

- Every patient's situation is different. It is not always easy to predict how complex or how straightforward the procedure will be. The procedure usually lasts one hour.

What happens afterwards?

- You will be transferred back to your bed and taken back to the RDU.
- The nurses will carry out routine observations. They will take your pulse and blood pressure to make sure that there are no untoward effects.
- They will look at the skin entry point to make sure there is no bleeding from it.
- You will usually stay in bed for two hours or until you have recovered.
- Expect to be in the imaging department for approximately three to four hours in total before you are discharged.

Are there any risks or complications?

- Varicocele embolisation is a very safe procedure. However, as with all operations complications can arise.
- There may occasionally be a small bruise (a haematoma) around the site where the needle has been inserted. This is quite normal. If this becomes a large bruise there is the risk of it getting infected. This would then require treatment with antibiotics.
- It is not always possible to position the catheter into the abnormal vein. If this is the case embolisation will not be possible.
- Very rarely some damage can be caused to the vein by the catheter. This may need to be treated by surgery or another radiological procedure.
- Unfortunately, although the varicocele seems to have been cured to start with, it may come back again months or even years later.
- If this happens, then the procedure may need repeating, or you may be advised to have an operation.
- Despite these possible complications, the procedure is normally very safe and is carried out with no significant side-effects at all.

Finally...

- Hopefully some of your questions have been answered by this leaflet. Remember that this is only a starting point for discussion about your treatment with the doctors looking after you.
- Do satisfy yourself that you have received enough information about the procedure before you sign the consent form.

Procedure code for insured patients: XR442