

Radiology department

Varicocele embolisation

Introduction

This leaflet tells you about the procedure known as varicocele embolisation. It explains what is involved and what the benefits and risks are. It may help you to think of things that you would like to discuss with your doctor.

What is a varicocele embolisation?

Varicoceles are an abnormality in the veins in the scrotum around the testicle. They are relatively common. The valves in the veins do not work properly and so the veins become larger and more obvious, similar to varicose veins. This can cause aching or discomfort in the scrotum and can be associated with infertility.

X-rays are used to guide a wire and a small catheter into the vein. Special metal coils are placed in the abnormal vein to block it. This is done through a very tiny incision in the neck or groin.

What to tell the doctor

- If you have any allergies.
- If you have had a previous reaction to intravenous contrast medium (the dye used for some X-rays and CT scanning).
- If you are taking medication to prevent blood clots. Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots.

If you are currently taking any of these medications, please contact your referring doctor or the radiology department on 0161 918 2346 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed.

- Aspirin
- Apixaban
- Clopidogrel
- Clexane
- Dabigatran
- Dalteparin
- Enoxaparin
- Fragmin
- Heparin
- Rivaroxaban
- Warfarin



Is there any preparation for varicocele embolisation?

You will be asked to come to the integrated procedures unit (IPU). You will be admitted a couple of hours before your procedure so we can take bloods and insert an intravenous cannula. This is a small flexible tube which is placed into one of your veins.

- You do not need to starve before the procedure.
- We recommend that you are accompanied home by a responsible adult.
- You must avoid strenuous activity for 24 hours after the procedure.
- You should not drive for 24 hours after the procedure.

Agreeing to treatment

The radiologist will explain the procedure and discuss any possible risks with you. You will be asked to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another specialist doctor. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

How is the varicocele embolisation carried out?

You will lie on the X-ray table. You will be asked to lie on your back and the nurse will monitor your blood pressure, heart rate and oxygen levels.

The radiologist needs to keep everything sterile and will wear a theatre gown and gloves. The skin around the site will be swabbed with antiseptic and then most of the rest of your body will be covered with theatre towels.

Usually the procedure is undertaken through a vein in the neck but can also be performed from the groin. Local anaesthetic is used to numb the area.

What happens after the varicocele embolisation?

You will be taken to the recovery area on the IPU. The nurses will observe you for any signs of complications. You will usually be discharged home a couple of hours following the procedure.

Are there any risks or complications?

We will explain these to you in greater detail before the procedure. Varicocele embolisation is a safe procedure. However, as with any procedure, there may be slight complications:

- It is usual that there will be slight bruising around the site that the catheter was inserted. This will settle after a few days.
- Occasionally patients may feel some discomfort in the scrotum which may last a couple of days.
- There is a very small risk that one of the coils used could move into a different vein. Usually the radiologist will be able to retrieve this. Very occasionally, this may not be possible and you may require further treatment.
- There is a possibility that the varicocele may come back again. The procedure may need to be repeated or you may be advised to have an operation instead.

If you have any problems or worries, please contact:

Monday to Friday, 9:00am - 5:00pm:

Radiology nurse on **0161 918 2346** or the radiology department on **0161 446 3325**.

Out of hours and weekends (for emergencies):

Ring The Christie on **0161 446 3000** and ask for the on-call radiologist.

The Christie Hotline: **0161 446 3658** (24 hours)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

