

Undergoing Varicocele Embolisation

Information For Patients

This leaflet tells you about the procedure known as varicocele (pronounced VARI-CO-SEAL) embolisation. It 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.

Whether you are having the 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, 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.

Why do I need a varicocele embolisation?

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 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 feel that this is the best treatment option. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will be performing the varicocele embolisation?

A specially trained doctor called an interventional radiologist, who has special expertise in carrying out specialist x-ray procedures. The radiologist will look at these images while carrying out the procedure.

Where will the procedure take place?

It will take place in the x-ray department, in a special 'screening' room, which is adapted for specialised procedures.

How do I prepare for varicocele embolisation?

Pre-Assessment

Prior to your procedure you will be required to attend the x-ray department for a pre-assessment. This will involve performing some simple tests e.g., blood test to ensure it is safe to carry out your procedure and will be carried out by one of the x-ray staff nurses. It is important that you let the staff nurse know of all the medication you are currently taking especially those detailed below. As indicated some medications have to be discontinued prior to your procedure. Routine swabs of your nose and groin will also be taken. This is simple and painless reducing the risks of infection within the hospital environment, as a small percentage of the population can carry resistant infections unknowingly. The pre-assessment is important as it allows us to ensure that it is safe to carry out your procedure. It is also an opportunity for you to discuss any concerns you may have prior to your admission/procedure.

Your Admission to Hospital

Most procedures are done as day case procedures. This means you will be admitted onto the radiology day case bay on the morning of the procedure, and you should be able to go home the same day. **You may have a light breakfast prior to your admission and can drink as normal.** Once in the department you will be asked to put on a hospital gown.

If you have any allergies, you **must** let the x-ray department know. If you have previously reacted to intravenous contrast medium (the dye used for kidney x-rays and CT scans), then you must also tell your doctor about this.

The Radiologist performing the procedure will discuss your procedure with you including risks and benefits. You will then be asked to sign or countersign your consent for the procedure to be carried out.

What actually happens during varicocele embolisation?

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.

A monitoring device will be attached to your arm and finger, and you may be given oxygen through small tubes in your nose. The radiologist will keep everything as sterile as possible 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 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. 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 guide wire are moved into the right position 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 spring 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, 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. You will then be taken back through to the radiology day case bay on a trolley, where you will stay for the remainder of the day recovering.

What happens afterwards?

Nurses in the day case bay 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. (One hour lying flat, one hour sitting up). You may be allowed home on the same day, or kept in hospital overnight.

Are there any risks or complications?

Varicocele embolisation is a very safe procedure, but there are some risks and complications that can arise. 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. Despite these possible complications, the procedure is normally very safe, and is carried out with no significant side effects at all.

Does this procedure use radiation?

This procedure does use x-rays which involves you receiving a moderate dose of radiation; however, the benefit of an accurate diagnosis or successful treatment far outweighs the risk.

Finally

Some of your questions should have been answered by this leaflet but 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.

If you would like this information in large print, Braille, Audio, CD or in another language contact below

If you have any comments about this leaflet or the service you have received you can contact :

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If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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المذكور أعلاه"

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) with the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists and edited accordingly by Calderdale & Huddersfield Trust

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