

# Treating testicular varicocoeles by blocking blood supply (embolisation)

Department of Radiology

Information for Patients

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## Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at.

This information tells you about the procedure called embolisation of testicular varicocoeles.

Please read it carefully as it contains important information about what is involved and what the possible risks are.

## What is embolisation of testicular varicocoeles?

A **varicocoele** (pronounced **var-ih-koe-seel**) is an abnormal swelling of the vein that take blood away from the testicle (testicular vein). This is similar to varicose veins in the leg. Patients with a testicular varicocoele may get discomfort, pain and swelling.

**Embolisation** is a procedure to block the abnormal vein.

- A catheter is used to put tiny metal coils in the vein. X-rays are used so the doctor can see where to put the coils.
- The coils help to block the vein so blood will no longer be able to pass through. Your blood will pass through other veins nearby instead. This aims to make your symptoms better, so you do not get pain and the swelling goes away.
- The procedure will not affect your fertility or sexual function.
- The coils stays in place for the rest of your life (permanently) but are very small you will not notice they are there.
- It is important to tell a member of radiology staff that these coils are in place before you have any future investigations in a Radiology Department.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Important information

### Please tell the X-ray staff when you arrive if:

- You are taking aspirin or any other blood thinning tablets
- You are allergic to iodine or rubber (latex), have any other allergies or have asthma.
- You have had a reaction in the past to an intravenous contrast liquid, the dye used for kidney X-rays and CT scanning and X-rays of your heart and blood vessels.
- You have diabetes.

## How do I get ready for the procedure?

Embolisation of testicular varicoceles is done as a day-case procedure so you go home the same day. You should follow the information sent to you about the appointment. You will be in hospital for about 2 to 3 hours.

### Eating and drinking instructions on the day of your appointment:

- please have a **light breakfast before 6am**, (cereal or toast with a cup of tea or coffee).
- **do not eat** after 6am. It is important that you **continue to drink until 1 hour before** your appointment time.
- **Stop drinking 1 hour** before your appointment.

Other important instructions:

- **Have a bath/shower in the morning or the night before** your appointment.
- **Take all of your usual morning medications** and bring all your usual medication with you.

Before the procedure you will be asked to put on a hospital gown and disposable pants.

## Arrangements to make for after the procedure:

**You may be given a sedative** to help you feel relaxed and help with anxiety during the procedure. The sedative will make you feel drowsy but not make you to sleep. The Radiologist will talk to you about this if it is needed.

The sedative injection can last longer than you think, and can stay in your body for up to 24 hours. If you want to have sedation an adult must stay with you for 12 hours and you must not drive for 24 hours afterwards.

## Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a Radiologist for this procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

## What happens during the procedure?

- The procedure is done in the Radiology Department.
- You will lie down on the X-ray table flat on your back, or nearly flat.
- Everything will be kept clean (sterile). Your skin will be cleaned with antiseptic and you will have some of your body covered with sterile sheets.
- The skin over a vein at the top of your leg (your groin) will be numbed with local anaesthetic. When the local anaesthetic is injected it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb.
- You may be given a sedative to help you feel relaxed and help with anxiety. The sedative will make you feel drowsy but not make you to sleep. The doctor or nurse will talk to you about this if it is needed.
- A very thin tube called a catheter will be put into the vein in your groin and pushed into the testicular vein.
- A colourless liquid that shows up on X-rays (contrast liquid) will be injected through the catheter. The contrast can give you a warm feeling in your body for a few seconds.
- X-rays will be taken to find the abnormal vein that is causing your problems.
- When the catheter is in the right position, the tiny metal coils will be injected into the vein. This causes the vein to become blocked. More X-rays will then be taken to make sure that the vein is blocked.
- The procedure should not be painful. There will be a nurse or another member of staff looking after you. If the procedure does become uncomfortable please tell them. They will assess you to check if you need more painkillers and what can be given to you.
- When the procedure is complete, the catheter will be taken out. The radiologist will then press firmly on the skin entry point for several minutes to prevent any bleeding.

## How long will it take?

Every patient's situation is different. It is not always easy to know how complex or how straightforward the procedure will be.

Your procedure may be done in 30 minutes but sometimes it can take longer than 60 minutes.

## What happens after the procedure and when I go home?

Nurses will carry out routine observations such as taking your pulse and blood pressure to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will be asked to rest for about 45 minutes in the Radiology Department.

The nurse will talk to you about your care after the procedure. This includes how to look after yourself at home. You should relax and take it easy for the rest of the day.

### For 12 hours:

- a responsible adult must stay with you for 12 hours. An adult must take you home. If you are going home by ambulance you must have someone waiting at home to stay with you.

### For 24 hours:

- do not drink alcohol.
- do not operate any machinery or do anything requiring skill or judgement.
- do not make important decisions or sign any documents.
- do not climb ladders.
- do not return to work until after this period of time.

### For 2 days:

- do not drive a car or ride a bicycle.
- do not have sex or other sexual activity.

### For 3 days:

- do not do any strenuous exercise or heavy lifting.
- if your job involves strenuous exercise or heavy lifting you should ask to do light duties.

## Checking your wound site

Your skin where the catheter went in should heal very quickly and does not usually need a dressing. If a dressing has been put on your groin where the catheter went in, you should try to keep the dressing dry. You can take it off after 24 hours and can then have a shower.

You should expect to have some bruising and tenderness. This should disappear after a few days.

## Are there any risks or complications?

As with any procedure or operation complications are possible. We have included the most common risks and complications in this leaflet. The possibility of these complications occurring will vary for each patient and the possibility of these complications happening to you will be discussed with you before you sign the consent form.

- **Bruising** - Some bruising and tenderness is to be expected around the site where the catheter has been inserted. If the catheter goes into an artery next to the vein in your groin during the procedure this may increase the risk or amount of bruising.
- **Bleeding from the wound or bleeding inside** - you may get blood coming from the wound site or bleeding can happen under the skin and cause a hard swelling. If bleeding happens you must get someone to help you to press down in the wound site. They should press firmly for 5 minutes. If this does not stop the bleeding, keep pressing down on it yourself while the person with you contacts your doctor or the NHS helpline on 111. They will advise you what to do.
- **Pain** - if you have any pain you can take your usual painkiller. This is OK if your usual painkiller is paracetamol or ibuprofen, but if your usual painkiller is aspirin it is recommended that you use something else. If your usual painkiller does not help, you can speak to a pharmacist or contact your GP.
- **Reaction to contrast liquid** - Some patients may be allergic to the contrast liquid and may have symptoms such as feeling or being sick (nausea or vomiting), or a rash. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you develop symptoms at home you should contact your GP or call 111.
- **Coils could move inside your body** - Sometimes a coil may become dislodged and could make its way to veins in the lung. This happens rarely and usually does not cause any problems.
- **Infection** - Serious complications such as infection and risk to the testicle itself are very rare.

Varicoceles can sometimes come back in about 10 in 100 patients (10%).

## How do I get the results?

The detailed results of the procedure will not be given to you straight away.

Before you leave, you will be told how to get the results of your procedure.

## What are the risks from exposure to radiation in this examination?

The main risk from exposure to X-rays is an increase in the risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination that uses X-rays gives a dose on top of this natural background radiation.

The benefits of this examination are likely to outweigh any potential risk and the risk from not having the examination could be greater. We will take all safeguards to minimise the amount of X-rays you receive.

## What if I need to talk to someone?

If you have any questions or concerns, or cannot make your appointment, please call the Radiology Department on **0116 258 8765 (option 7)**, Monday to Friday 9am to 5pm, excluding bank holidays.



After the procedure you can contact your GP for advice, or call the NHS helpline on 111.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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