Treating testicular varicoceles by blocking the blood vessel (embolisation)

Radiology Department

Information for Patients

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Introduction

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

Please read all of this leaflet. It tells you about your procedure called embolisation of testicular varicoceles. It has important information about how to get ready, what is involved, and the possible risks.

What is embolisation of testicular varicoceles?

A varicocele (said var-ih-koe-seel) is an abnormal swollen vein near the testicle (testicular vein). The vein takes blood away from the testicle. It is similar to varicose veins in the leg. Patients with a testicular varicocele may get discomfort, pain and swelling.

Embolisation is a procedure to block the abnormal vein.

- A thin tube called a catheter is used to put tiny metal coils in the vein. The doctor uses X-ray pictures to find the vein and see where to put the coils.
- The coils help to block the vein so blood cannot flow through it anymore. Your blood will flow through nearby veins instead. This aims to make your symptoms better. It should stop the pain and the swelling should go.
- The procedure will not affect your fertility or sexual function.
- The coils stays in place for the rest of your life (permanently). They are very small so you will not notice they are there.

It is important to tell radiology staff in the future that you have these coils. You should do this before any scans or tests in the Radiology Department.

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Important information

A contrast liquid is used in your procedure. It has iodine in it. Your kidneys remove iodine from your body. It comes out in your pee (urine). If you have kidney dialysis, this will remove the iodine.

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

- you are allergic to iodine or rubber (latex), or have any other allergies or have asthma.
- you have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast). This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- you have any kidney problems or are on kidney dialysis.
- you have diabetes.

How do I get ready for the procedure?

Follow the information sent to you about the appointment.

Embolisation of testicular varicoceles is done as a day-case procedure. This means you go home the same day. You should expect to be in hospital for about 2 to 3 hours.

On the day of your appointment:

Eating and drinking instructions

- have a **light breakfast before 6am**. This could be cereal or toast with a cup of tea or coffee.
- **do not eat after 6am**. It is important that you **keep drinking fluids until 1 hour before** your appointment time.
- **stop drinking 1 hour** before your appointment.

Other important instructions:

- **Have a bath or shower** in the morning or the night before your appointment.
- **Take all of your usual morning medicines** unless you have been told different.
- **Bring all your usual medicines** with you in their original boxes.

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 some sedation. This helps you feel relaxed and help with anxiety during the procedure. It will make you feel drowsy but does not make you sleep. The Radiologist will talk to you about this if it is needed. Sedation can stay in your body for up to 24 hours. You must not drive for 24 hours after the procedure.

If you want to have sedation you must arrange:

- someone to collect you and take you home after the procedure
- a responsible adult to stay with you at home for at least 12 hours

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 doctor who specialises in imaging and X-ray treatments (a Radiologist) for this procedure. They will check that you know why the procedure is being done, the potential risks and the chances of success.

You will sign a consent form to confirm this. This may be on an iPad or a paper form. **You should feel that you know enough 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 to say no. We will talk to you about your options. If you feel during the procedure that you want it to stop we will talk to you about your options. This is to help you decide what you want to do.

If the Radiologist feels that your health problem has changed they will talk to you about if the procedure is still needed. They may ask for the doctor who wanted you to have the procedure to talk to you and review your condition.

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.
- We will keep everything clean (sterile). We clean your skin with antiseptic. This may feel cold. We cover some of your body with sterile sheets.
- We inject some local anaesthetic into the skin over a vein. This will be at your neck, arm or the top of one of your legs (groin). This may sting to start with but it soon stops. The skin and deeper tissue should then feel numb.
- We may give you some sedation to help you feel more relaxed and help with anxiety. We will talk to you about this if it is needed. Sedation makes you feel drowsy but does not make you sleep.
- We will put a very thin tube, called a catheter, into the vein in your neck, arm or groin. It then goes into the testicular vein.
- We will inject a colourless liquid (contrast) though the catheter into your blood vessels. You may get a warm feeling in you body for a few seconds. Contrast shows up on X-ray pictures.
- We will take X-ray pictures and look for the abnormal vein that is causing your problems.
- When the catheter is in the right position, we will inject tiny metal coils into the vein. The vein then becomes blocked. We will take more X-ray pictures to check the vein is blocked.
- When the procedure is finished we will take the catheter out. We will press firmly on the skin entry point for a few minutes to stop any bleeding.

The procedure should not be painful. If it does become uncomfortable please tell us. We will check if you need more painkillers and see what we can give you.

How long will it take?

Every patient is different. It is not always easy to know how straight forward or complex the procedure will be.

Your procedure may done in 30 minutes. Sometimes it can take longer than 60 minutes.

What happens after the procedure and when I go home?

Nurses will do routine checks, such as taking your pulse and blood pressure. This is 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 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:

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

For 24 hours:

- do not drink alcohol.
- do not drive a car or ride a bicycle.
- do not operate any machines or do anything that needs skill or judgement.
- do not make important decisions or sign any documents.
- do not climb ladders.
- do not return to work until after 24 hours or until you are well enough.

For 2 days:

- 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 quickly. It does not usually need a dressing. If a dressing has been put on your skin 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 this should go after a few days.

Are there any risks or complications?

As with any procedure there is a risk of complications. Below are the most common risks and complications. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

- **Bruising**. You may have some bruising and tenderness where the catheter went in. If the catheter goes into an artery next to the vein during the procedure, this may increase the risk or amount of bruising.
- **Bleeding from the wound or bleeding inside.** You may get bleeding from the wound site. 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 the bleeding does not stop, keep pressing down on it. Ask the other person to contact 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. You could get symptoms such as feeling or being sick (nausea or vomiting), or a rash. Any side effects usually happen within 20 minutes. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you start to get 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 travel to veins in the lung. This happens rarely. It usually does not cause 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%).

Who will be doing the procedure?

- A doctor who specialises in imaging and X-ray treatments (an interventional radiologist) will do the procedure.
- A radiographer will move and control the special X-ray equipment.
- A nurse and maybe a healthcare assistant will work with the radiologist and care for you.
- A student may also be in the room to learn. If you do not want this, please tell us.

How do I get the results?

You will not get the results straight away.

Before you leave, we will tell you how to get the results of your procedure.

The results will be sent to the GP or hospital doctor who wanted you to have this test.

Your report will go on the NHS App after an inbuilt delay. Your GP or hospital doctor may have your report before you. These reports are medically technical reports. They are written for the referrer to help to make a diagnosis and pick treatment options. If you have any questions or concerns, please talk to your referring clinician.

What are the risks from exposure to radiation in this procedure?

The main risk from exposure to X-rays is a higher 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, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The benefits of having this procedure are likely to outweigh any possible risks. The risks of not having the procedure could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?

If you have any questions or concerns, or cannot make the appointment, please call the Radiology department:

Tel: 0116 258 8765

select **option 7**

Monday to Friday 9am to 5pm, but not on 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 براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

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