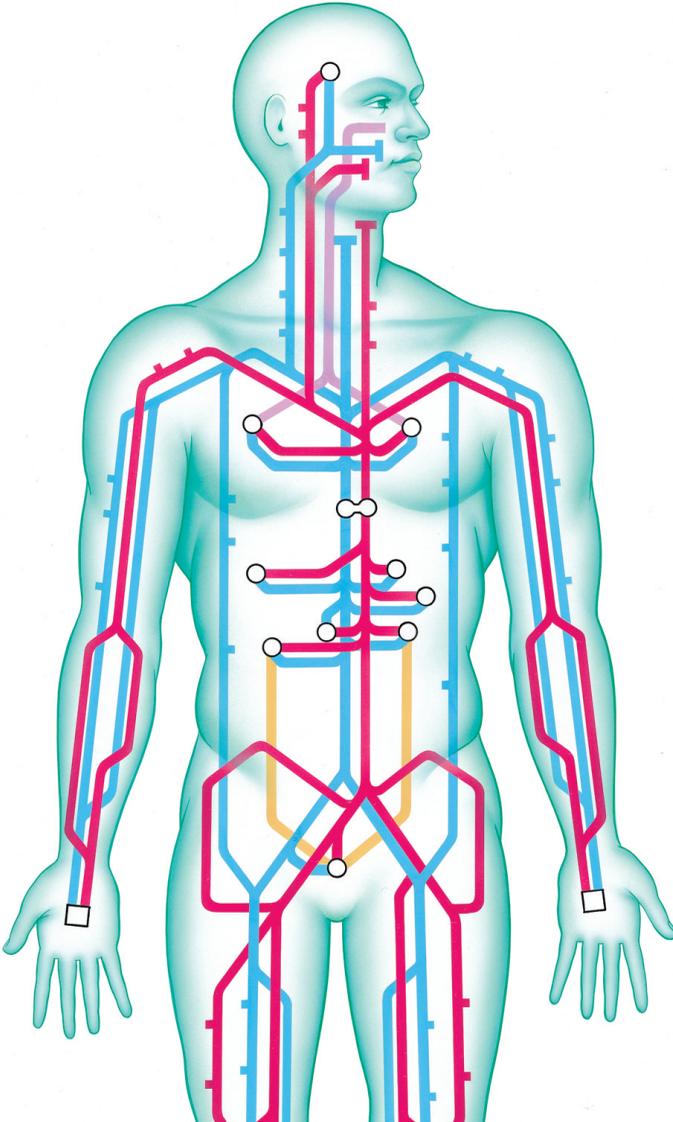


VARICOCELE EMBOLISATION



MEDICAL IMAGING
INFORMATION FOR PATIENTS

Introduction

This booklet tells you about the procedure known as varicocele embolisation, explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussion.

Varicocele embolisation is likely to be done as a pre-planned procedure, so you should have plenty of time to discuss the matter with your consultant and the radiologist who will be doing the procedure, and perhaps even with your own GP, before you sign the consent form. Do make sure that you have had sufficient explanation about what is involved before you sign the consent form to the procedure.

What is a varicocele embolisation?

A varicocele is an abnormality of the veins that take the blood away from the testicles. 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 doctors in charge of your case and the radiologist who will be carrying out the varicocele embolisation, will have discussed the matter, and feel that this is the best treatment option. However, you will have the opportunity to have your opinion taken into account and if, after discussion with your doctors, you do not want the procedure carried out, then you can decide against it.

Who will be performing the varicocele embolisation?

A specially-trained doctor called a Radiologist. Radiologists have special expertise in the use of X-ray equipment and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

Where will the procedure take place?

Usually in the X-ray department, in a special 'screening room', which is adapted for specialised procedures.

How do I prepare for varicocele embolisation?

You need to be an in-patient in the hospital. You will probably be asked not to eat for four hours before the procedure, though you may be allowed to drink some water. You will be asked to put on a hospital gown.

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

What actually happens during a varicocele embolisation?

You will lie on the X-ray table, normally flat on your back. Once in place, this will not cause you any pain. You may also have a monitoring device attached to your chest and finger, and your blood pressure will be monitored.

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 cleaned with antiseptic solution, and most of the rest of your body will be covered with a theatre towel.

The skin and deeper tissues over the vein will be anaesthetised with local anaesthetic, and 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 then withdrawn, allowing the fine plastic tube (called a catheter) to be placed over the wire and into the vein.

The radiologist will use the X-ray equipment to make sure that the catheter and the wire are placed into the correct position, into the varicocele, and then the wire is withdrawn. The radiologist can block the abnormal veins, either by injecting a special fluid down the catheter, or by passing down small metal coils. These metal coils are like small springs, and cause the blood around them to clot, thus blocking 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 at first, but this soon wears off 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 the clinical staff standing next to you and looking after you. If the procedure does become uncomfortable, they will be able to arrange for you to have some painkillers. You will be awake during the procedure, and be 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. Normally, the procedure will be over in about half an hour, but you may be in the X-ray department for about an hour or so.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward 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 that there is no bleeding from it. You will normally stay in bed for a few hours, until you have recovered. 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 was inserted; this is quite normal. If it becomes a large bruise, there is the risk of it becoming infected, and this would then require treatment with antibiotics. Very rarely, some damage can be caused to the vein by the catheter, and if this happens it may need to be treated by surgery or by another radiological procedure. Unfortunately, there is always the possibility that although the varicocele seems to have been cured, it may come back again months, or even years, later. If this should happen, 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....

Some of your questions should have been answered by this booklet, 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.

Varicocele embolisation is considered a very safe procedure, designed to save you having a larger operation. As with all operative procedures, some slight risks are involved, and although it is difficult to say exactly how often these occur, they are normally minor in nature and happen only rarely.

If you require any further information about your procedure please contact (01302) 366666 and ask for bleep 1495.

