

Division of Imaging

**Information for Patients**

# Information for patients undergoing Varicocele Embolisation

This leaflet tells you about a procedure known as varicocele 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.

## What is a Varicocele Embolisation?

A varicocele is an abnormality of the veins that takes 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?

A varicocele can cause discomfort in the scrotum, which is often worse when standing, exercising or cycling. There are a number of ways to treat varicoceles including open groin surgery, laparoscopic surgery and minimally invasive interventional radiology. Interventional radiology uses X-rays to guide a small tube to the vein to block it with only a small 3-4 mm incision in the groin. It is performed as a day case procedure.

## Who has made the decision?

The consultant in charge of your case has decided that this is the best treatment option for you. However, you will 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.

## What happens during a Varicocele Embolisation?

A specially trained doctor called a radiologist will be performing your embolisation procedure together with a team which may include a radiographer, nurse and health care assistants.

- You will be asked to change into a hospital gown.
- You might be asked to remove certain items of clothing and jewellery.
- You will be asked to confirm some details including date of birth and pregnancy status.

The procedure is performed under sterile conditions in an X-ray department, in a special 'screening' room, which is adapted for specialised procedures.

You will lie on the X-ray table, generally flat on your back. The skin near the point of insertion of the catheter, either the neck or the groin, will be swabbed with antiseptic, and then 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 then a needle will be inserted into a vein.

Once the radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into the vein. Then 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 springs.

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.

If metal coils are used, these will remain in place inside the vein. These coils may be visible on X-rays. They will not be detected by metal scanners at the airport. It is safe for you to have an MR scan with these coils in place.

## Will I feel any pain?

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.

## Are there any risks with this examination?

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, however, 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.

### **Radiation risk**

Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous.

Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures, there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department

### **Contrast risk**

We will need to give you contrast dye to make areas of your body show up more clearly.

The radiographers will complete a checklist to ensure it is safe for you to have the dye and you will be asked to sign this form as a consent, the specific side effects are documented on the checklists that you complete.

The contrast dye that is sometimes used can cause allergic reactions however the staff available will be checking for any risks before we proceed.

## Is there anything I need to inform you of before I attend for my appointment?

### **Pregnancy:**

Radiation can be harmful for an unborn baby. If you are or think you may be pregnant you must tell the radiographer before the examination.

## How do I prepare for my Varicocele Embolisation procedure?

No special preparation is required. If you are on any blood thinning medication, such as Warfarin, or if you have any questions about the procedure please telephone the department with the contact number on your appointment letter, between the hours of 9.00 am and 5.00 pm, Monday to Friday. If you have any allergies, please let the doctor or nurse know when you arrive.

### **Help and support in the department**

If you have any medical problem which you feel may affect your safety in the department, or if you feel you may need any assistance, please let us know when you arrive.

## Do I need to give my permission (consent)?

The radiologist will ask you if you are happy for the examination to go ahead and ask you to sign a consent form. This is called written informed consent.

If you do not wish to have the examination or are undecided, please ask the radiologist so that they can answer any questions you may have.

Remember, it is your decision. You can change your mind at any time and your wishes will be respected.

## 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, but you may be in the X-ray department for about an hour or so.

## What happens after the Varicocele Embolisation procedure?

You will remain in the X-ray recovery area for one hour following the procedure. Nurses will check your blood pressure and puncture site during this time.

## When will I get my results?

The radiologist will let you know of the outcome after the procedure is complete

## What should I do if I have a problem?

You should not have any problems that is a result of the Varicocele Embolisation.

If you feel your condition has changed, or you need further medical advice before receiving your results/after leaving the hospital, please make an appointment with the doctor that referred you, or in an emergency, go to your nearest Emergency Department (ED).

## How can I provide feedback for the appointment I have attended today?

The Division of Imaging welcomes feedback from all our patients. We actively take part in the Friends and Family Test and we complete a patient experience questionnaire every month to obtain feedback on the experiences you have had. Please speak to a member of staff regarding the feedback or there are posters within the department with QR codes so you can complete these online.

## Contact us

For contact information please refer to your appointment letter or if you are an inpatient please direct your queries to one of the medical staff on the ward

### Language and accessible support services:

If you need an interpreter or information about your care in a different language or format, please get in touch.

### Your comments and concerns

If you would like to provide feedback you can:

- Ask to speak to the department lead / manager.
- Write to us: Patient Advice and Liaison Services, 1<sup>st</sup> Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.
- Log onto the Patient Opinion website [www.patientopinion.org.uk/](http://www.patientopinion.org.uk/) click on 'Tell your Story'

### If you would like to discuss a concern or make a complaint:

Ask to speak to the department manager – they may be able to help straight away. Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.

Contact our Patient Advice and Liaison Service (PALS) on (0161) 276 8686 email: [pals@mft.nhs.uk](mailto:pals@mft.nhs.uk). Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

### NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Telephone: 111, 24 hours a day  
Website: [www.111.nhs.uk](http://www.111.nhs.uk)

## 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. Further information can be obtained by contacting the radiology department that is performing the procedure. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.