



A guide to...

Testicular Vein Embolisation

Patient Information

Radiology Interventional Department

Introduction

You have been advised by your hospital consultant that you need to have a Testicular Vein embolisation. This information tells you about having this procedure; it explains what is involved and what the possible risks are.

This leaflet may not answer all your questions, so if you have any concerns, please ask the ward staff. If you feel unhappy with any part of your care within the X-ray Department please ask to speak to the Superintendent Radiographer.

Please read this leaflet carefully to ensure you are successfully prepared for the examination.

Points to Remember

- Please bring any sprays or inhalers that you are taking with you to the X-ray Department;
- We also ask you to leave any valuable possessions at home;
- If you are taking Aspirin or Warfarin please inform the radiology staff, as this medication may need to be stopped prior to the procedure.

What is a Testicular Vein Embolisation and why do I need one?

A testicular vein embolisation is a procedure to purposely block the vein or veins supplying a testicular varicocele. A varicocele is an abnormal swelling of the testicular vein and is a similar condition to that of varicose veins in the leg. It can be associated with discomfort, pain and swelling. The varicocoele can affect fertility in some situations and testicular vein embolisation can be helpful in improving infertility.

Embolisation involves the insertion of a catheter (a small plastic tube) into a vein, usually in your groin, manipulation of the catheter from there to reach the veins supplying the varicocele and then injections of contrast medium 'X-ray dye'. Once the Radiologist has localised the veins supplying the varicocele, small metal coils are inserted down the catheter and left in the vein to block it. Once blocked, the vein is no longer in use and your symptoms should improve. The function of this vein is taken over by other veins and the procedure will not affect your fertility or sexual function.

The coils remain in place permanently and you will not know that they are there. However if you return to the X-ray department for future tests or investigations it is important to inform a member of staff that these coils are in place.

The examination will be performed by a Radiologist who will be assisted by a Radiographer and a radiology nurse. It is not easy to predict how long the procedure will take. As a guide, expect to be in the X-ray room for at least one hour. You will also need to stay for observations for approximately one to two hours following the procedure. Upon discharge you will not be able to drive yourself home or travel on public transport.

Referral and Consent

If you are having the testicular vein embolisation as a planned procedure, the doctor who referred you should have discussed the reasons for this procedure and any alternatives with you. You have been referred to a Radiologist (a specialised X-ray doctor) for this procedure. The Radiologist will confirm that you understand why the procedure is being done and its potential risks and the benefits to you. You should have had sufficient explanation before you sign the consent form. If after discussion with your hospital doctor or Radiologist you do not want the procedure carried out, then you can decide against it.

If the Radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary then they will explain this to you. They will communicate their reasons with the referring clinician and ask that you return to your referring clinician for review. At all times the Radiologist and referring clinician will be acting in your best interests.

Before the test

Please bring all your usual medication into hospital with you. Please remember to take any sprays or inhalers with you when you have the procedure. It is important that you understand the test and its implications, so if you have any questions, please ask the doctor. You will be asked to sign a pink consent form confirming that you understand the procedure and are aware of the risks and benefits it entails. We will want you to be as relaxed as possible for the procedure. Take all your medications as normal, but if you are taking water tablets or diuretics you may stop this on the day of the procedure.

Please tell the doctor if:

- You have had any allergies or bad reactions to drugs or other tests
- You have asthma, hay fever, diabetes, or any heart or kidney problems. Please continue to eat and drink normally.

Preparation

Embolisation of testicular varicoceles is performed as a day-case procedure and you should expect to stay in the radiology department to be around two to three hours.

You will have had some blood tests to check your blood clotting ability and kidney function. Sometimes it is necessary for you to have these blood tests upon admission on the morning of the procedure.

There is no need for you to stop eating before the procedure but it is important that you drink plenty, we advise one pint (500mls) of water or squash above your normal fluid intake.

Important Information for patients on a fluid restricted allowance

If you are under the care of a renal specialist and/or have to follow a fluid restricted diet, you should include this preparation as part of your fluid allowance.

If you have severe kidney problems and are not having dialysis treatment, you will be put on intravenous fluids (a drip) for six hours, starting the two hours before the procedure.

Important Information for patients with renal impairment

Some pain killers (Non steroidal anti inflammatory drugs such as ibuprofen or Diclofenac) may have to be stopped on the day of the examination for 24 hours, please discuss this with your doctor. You may use Paracetamol as a substitute pain relief medication during this time.

If you are taking Metformin please inform the Radiology staff as this may have to be stopped for 48 hours after the procedure. You will need a cannula inserted into a vein in your arm after you arrive in the X-ray department.

You will need to change into a hospital gown. You may bring a dressing gown to wear over this until the procedure starts.

During your examination

The procedure will again be explained to you by the Radiologist and you will be able to ask any further questions that you may have.

You will be taken into the X-ray room where you will be asked to lie down on the X-ray table.

Your blood pressure and pulse will be monitored by a radiology nurse who will stay with you throughout the procedure.

The Radiologist will inject a local anaesthetic into the skin of your groin to freeze the area.

You may still feel some pressure sensation, but if you feel any pain during the procedure inform the Radiologist. If the procedure becomes too uncomfortable for you then the nurse looking after you can arrange for some pain relief.

Sometimes contrast (dye) injection may cause a hot feeling for a short while or the feeling that you have passed urine.

When the procedure is completed, the catheter is removed and pressure will be applied to the groin for a short period to prevent any bleeding and minimise bruising.

Risks of the Procedure

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The probability 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. Some bruising and tenderness can occur around the site where the needle has been inserted. Inadvertent puncture of the artery which lies close to the vein may increase this risk.

Rarely, allergic reactions can occur with the X-ray dye, only very rarely requiring any treatment. You will be asked about allergies by the Radiologist at the time.

The puncture site will heal quickly and does not require a dressing. Rarely there can be bleeding around the groin after the examination. If bleeding was to occur this can be shown either by fresh blood coming from the wound site or blood collecting under the skin causing a hard swelling. In both circumstances you must get someone to help you press firmly on the wound site for at least five minutes. If the bleeding does not stop you should contact your doctor for further advice or alternatively call an ambulance. They will advise you on the next appropriate action to take.

Rarely the contrast medium used can cause deterioration in kidney function, which is usually only temporary but occasionally can be more long term. This is of particular concern for people who already have impaired kidney function. If you are under the care of a renal physician you should have a blood test to assess your kidney function prior to the procedure.

Occasionally a coil may become displaced and could make its way to the veins in the lung. This happens very rarely and should be of little or no consequence but if possible, will be retrieved during the procedure.

Despite an initially successful treatment, varicoceles can sometimes come back (approximately 10%). Serious complications such as infection and risk to the testicle itself are very rare.

Despite these possible complications, the procedure is normally very safe. At all times during and after the procedure, the staff will be monitoring your responses to this treatment. X-rays are a type of radiation. We are all exposed to natural background radiation every day of our lives; this comes from the sun, food we eat, and the ground. Exposure to X-rays carries a small risk, but your doctor feels that this risk is outweighed by the benefits of having the procedure. We will take all safeguards to minimise the amount of X-rays you receive.

After your examination

Nursing staff will carry out routine observations such as taking your pulse and blood pressure to make sure there are no problems. They will also check the wound site to make sure there is no bleeding from it. You can eat and drink normally.

We recommend that you drink at least one pint of liquid within two hours after your examination.

You should arrange to be collected from the Radiology Department, after the procedure and once you are fit to be discharged as you should not drive yourself home or travel by public transport. You should rest for the remainder of the day and possibly the following day depending on your recovery. You should refrain from heavy lifting for 48 hours but can resume other normal activities.

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals.nhs.uk**



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