

## Radiology

# Testicular vein embolisation

Your hospital consultant has advised you to have a testicular vein embolisation. This is also known as a “varicocele embolisation”.

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 prepared for the examination.

Please contact the X-ray Department if your weight is equal to or more than 205kg (32 stone). You may need a different examination.

### Points to remember

- Please bring any sprays or inhalers that you are taking with you to the X-ray department.
- Please leave any valuable possessions at home.
- If you are taking aspirin or warfarin, please tell the radiology staff. You may need to stop taking this medicine before the procedure.



### **What is a testicular vein embolisation**

A testicular vein embolisation is a procedure to block the vein 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 linked with discomfort, pain and swelling.

The varicocele can affect fertility in some situations. Testicular vein embolisation can be helpful in improving infertility.

Embolisation involves placing a catheter into a vein, usually in your neck or groin, manipulating the catheter to reach the veins supplying the varicocele, and then injecting contrast medium, or '**X-ray dye**'.

Once the interventional radiologist has located the veins supplying the varicocele, small metal coils or special glue are placed down the catheter and into the vein to block it.

Once blocked, the vein is no longer in use, and your symptoms should improve. Other veins take over the function of this vein, and the procedure will not affect your fertility or sexual function. The coils or glue will remain in place permanently, but you will not know they are there.

If you return to the X-ray department for future tests or investigations, tell a member of staff that these coils are in place.

The examination is carried out by an interventional radiologist who is assisted by a radiographer and a radiology nurse.

It's not easy to predict how long the procedure will take. As a guide, expect to be in the X-ray room for at least 1 hour. You'll also need to stay for observations for about 1 to 2 hours after the procedure.

## Patient Information

**Upon discharge, you cannot drive yourself home or travel on public transport.**

### **Referral and consent**

If you're having the testicular vein embolisation as a planned procedure, your referring doctor will have discussed the reasons for this procedure and any alternatives with you.

You've been referred to an interventional radiologist (a specialised X-ray doctor) for this procedure. The interventional radiologist will confirm you understand why the procedure is being done, its potential risks, and the benefits to you.

You can decide against having the procedure after discussion with your hospital doctor or the interventional radiologist.

If the interventional radiologist feels that your condition has changed or that your symptoms do not indicate that the procedure is needed, they'll explain this to you. They'll communicate their reasons with the doctor who referred you for this procedure and ask you to return to them for review.

At all times, the radiologist and referring clinician will be acting in your best interests.

### **Before the procedure**

Please bring all your usual medicines into hospital with you. Please remember to bring any sprays or inhalers with you to hospital.

We'll ask you to sign a pink consent form. This confirms that you understand the procedure and are aware of the risks and benefits it entails. It's important that you understand the test and its implications. If you have any questions, please ask the doctor.

## Patient Information

If you are taking water tablets or diuretics, you may need to stop taking these on the day of the procedure. Take all your other medicines as usual.

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 as usual.

## Preparation

Embolisation of testicular varicoceles is performed as a day-case procedure. You can expect to stay in the radiology department for around 2 to 3 hours.

- You may need some blood tests to check your blood clotting ability and kidney function. You may need to have these blood tests on admission on the morning of the procedure.
- **Drink 1 pint (500ml) of water or squash above your normal fluid intake** before the procedure.
- You don't need to stop eating before the procedure.

## Important information for patients on a fluid restricted allowance:

- If you're under the care of a renal specialist or follow a fluid-restricted diet, include this preparation in your fluid allowance.
- If you have severe kidney problems and are not having dialysis treatment, you'll be put on intravenous fluids (a drip) 2 hours before the procedure for 6 hours. Please contact the Radiology department, as you will need to be admitted to renal day case ward for this procedure.

## Important information for patients with renal impairment:

- Some painkillers (such as ibuprofen or diclofenac) **may** have to be stopped for 24 hours on the day of the procedure. Please discuss this

## Patient Information

with your doctor. You may use paracetamol as a pain relief medicine during this time.

- If you are taking metformin, please inform the Radiology staff. You may need to stop taking metformin for 48 hours after the procedure.
- You will need a cannula placed 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 procedure

- The interventional radiologist will explain the procedure to you again. You can ask any questions that you may have.
- We'll take you into the X-ray room and ask you to lie down on the X-ray table.
- A radiology nurse will stay with you throughout the procedure and monitor your blood pressure and pulse.
- The interventional radiologist will inject a local anaesthetic into the skin of your groin. This will numb the area.
- You may still feel some pressure sensation. Tell the radiologist if you feel any pain during the procedure. If the procedure becomes too uncomfortable for you, the nurse looking after you can arrange for some pain relief.
- Sometimes contrast (dye) injection may cause a hot feeling for a short while. The dye may cause the feeling that you have passed urine.
- When the procedure is completed, the catheter is removed. Pressure is applied to the groin for a short period to prevent any bleeding and minimise bruising.

## Risks of the procedure

Complications are possible with any procedure or operation. This leaflet includes the most common risks and complications.

The chance of these complications happening will vary for each patient. We'll discuss the chance of these complications happening to you before you sign the consent form.

## Patient Information

### **Bleeding from the puncture site**

The puncture site will heal quickly and does not need a dressing. Rarely, there can be bleeding around the neck or groin after the examination.

If bleeding happens, it will show as either by fresh blood coming from the wound site or blood collecting under the skin, causing a hard swelling. In both cases, get someone to help you press firmly on the wound site for at least 5 minutes.

If the bleeding does not stop, contact your consultant or call 111. They will advise you on the next appropriate action to take.

### **Kidney function**

Rarely, the contrast medium used can cause a deterioration in kidney function. This is usually only temporary but can sometimes be more long-term. This is particularly concerning for people who already have impaired kidney function.

If you're under the care of a renal clinician, you should have a blood test to assess your kidney function before the procedure.

### **Other risks**

- You can get some bruising and tenderness around the site where the needle is placed. 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 interventional radiologist at the time.
- Occasionally, a coil may become displaced and make its way to the veins in the lung. This happens very rarely and should be of little or no consequence. But if possible, the coil is retrieved during the procedure.
- Despite an initially successful treatment, varicoceles can sometimes return (about 1 in 10). Serious complications such as infection and risk to the testicle itself are very rare.

## Patient Information

Despite these possible complications, the procedure is usually very safe. At all times during and after the procedure, the staff will monitor 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, the benefits of having the procedure outweigh this risk. We will take all safeguards to minimise the X-rays you receive.

## Safety

The contrast agent contains iodine and is excreted by the kidneys in your urine. Please inform the interventional radiologist or radiographer:

- if you are allergic to iodine, have any other allergies or suffer from asthma.
- if you have reacted previously to the injection used for kidney X-rays or CT scanning.
- if you have known kidney problems.

## After the procedure

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

**Drink at least 500ml (1 pint) of liquid within 2 hours after your examination.**

**If you have severe renal impairment (a GFR below 30ml/min) and are not on dialysis, you'll need to attend the renal day case unit (UHCW ward 50A) 48 hours after the procedure. This is so we can monitor your renal function.**

## Patient Information

After the procedure, you'll be discharged when you're fit enough to go home. Do not drive yourself home or travel by public transport. Arrange to be collected from the Radiology Department.

Rest for the remainder of the day and possibly the next, depending on how you feel.

Do not do any heavy lifting for 48 hours after the procedure. You can resume your activities as usual.

## Other sources of information

For information about the effects of X-rays visit the NHS website [www.nhs.uk/conditions/x-ray/](http://www.nhs.uk/conditions/x-ray/).

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact the number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

## Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit [www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



### Document History

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