

Testicular Varicocele Embolisation (TVE) - Information for patients

This leaflet aims to answer some of the questions you may have about having a Testicular Varicocele Embolisation (TVE). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak to the staff caring for you.

What is a testicular varicocele?

A varicocele is a swelling in the scrotum caused by a collection of abnormally large blood vessels (veins) in the scrotum. This is due to dilatation of the testicular vein which drains the scrotum and testicle and is a form of varicose vein. They are often described as feeling like “a bag of worms”.

A varicocele occurs in approximately 1 in 8 men and it is usually first noticed between the ages of 12 to 28. The incidence is noted to be higher in infertile couples, often up to 30%.

They usually occur on the left hand side but can occur on both sides of the scrotum. They occur more frequently on the left side as a result of the differing anatomy of the veins from which varicoceles result on the left hand side of the body compared to the right.

Usually veins have a one-way valve that allows blood to flow from an organ to the heart and not the reverse. However, sometimes these valves fail and in this case, this results in blood pooling around the testicle in the scrotum due to gravity. This eventually leads to the veins enlarging and forming a varicocele.

What is Testicular Varicocele Embolisation?

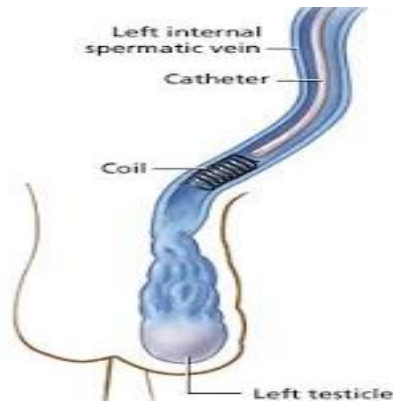
Testicular Varicocele Embolisation (TVE) is a technique carried out under local anaesthetic by an Interventional Radiologist. They use X-rays to guide delivery of special metal coils or foam to block off the abnormal testicular vein(s). The normal veins are preserved.

Varicocele embolisation is the least invasive treatment option compared with surgery and does not need an incision into the scrotum. There is a lower rate of complications compared to surgery and can be done as a day case.

Embolisation is performed in a special operating theatre in the Interventional Radiology (IR) Department. It is a day case procedure, so you only need to spend a few hours in hospital.

An overnight stay is very uncommon unless there are special circumstances. If you have two varicoceles or infertility, both sides may be treated at the same time. Otherwise, just the affected side is treated.

Varicocele embolisation is performed via a small incision in the groin. A special wire and tube is then steered inside the testicular veins using x-rays to guide the interventional radiologist. This allows targeted treatment of the abnormal vein from within the vein itself.



Who carries out the procedure?

A TVE is carried out by an Interventional Radiologist, who will be supported by a radiographer and nursing team. All are trained professionals in this type of procedure.

What are the risks of Testicular Varicocele Embolisation?

A TVE is a very safe procedure, but as with any medical procedure there are some risks and complications that can occur. The radiologist will explain these to you before the procedure. Below is a list of some possible risks:

- Minor bruising in the groin area depending on where the catheter was inserted. This usually resolves by itself within a few days.
- Dull aching in the groin or lower back. This usually lasts for a couple of days and is usually well controlled with simple painkillers (like paracetamol, follow the dosage instructions on the packet).
- Damage to the testicle on the treated side if too many veins are blocked. The interventional radiologist will be careful to avoid this. They may press, or ask you to press, on your groin during the procedure to stop the passage of coils or foam into the scrotum.
- Occasionally, the coils or foam may spill into a different vein, which may then become blocked. The Interventional Radiologist will usually recognise this immediately and remove the coil from inside the non-treatment vein. Very occasionally, this may not be possible and further treatments may be needed.

Contrast

TVE uses x-ray dye (contrast), and very rarely, a reaction may occur. If you have ever had a test that uses x-ray dye and you have had a reaction to it, you should tell the doctor or nurse before you have your TVE. A reaction may take the form of a rash or itching and very rarely, a more severe allergic reaction can occur. The team are trained to manage this and have measures in place to deal with this safely should this occur.

If you have had a previous reaction, please let us know, and we can put measures in place to minimise risk from another reaction.

Radiation – Benefit versus Risk

TVE uses X-ray radiation. The radiation dose that you get from a TVE is small and the associated risks are low. Clinical staff consider both the risks and benefits when deciding what examination is appropriate for you. The benefits of having the TVE outweigh any risk. Clinical staff are responsible for making sure that the dose you receive is kept as low as necessary to aid your diagnosis or treatment.

Consent

We want you to be involved in all the decisions about your care and treatment. If you choose to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand everything involved. Students/trainees may be present during the examination but only with your verbal consent.

Please remember that you can ask the Interventional Radiologist any questions you have at any time before, during or after your scan.

Pre-assessment

Pre-assessment is not required.

Fasting

On the day of your testicular varicocele embolisation, you will not be allowed to eat or drink anything (except water) for 6 hours before your procedure. You may drink water up to 2 hours before your procedure.

What happens before the procedure?

Before your appointment you will require some blood tests, and an ultrasound scan of the testes (and maybe kidneys).

Please attend the appropriate department as stated on your appointment letter (usually Day of Surgery).

When you receive your letter, please let us know if you have any of the following:

• Severe allergies?
• Have you had a previous adverse reaction to x-ray dye before?
• Asthma, which is poorly controlled?
• Renal impairment (poor kidney function)?
• Diabetes, which is treated with Metformin therapy?
• Are taking any anti-coagulants (blood thinners)?

You will be asked to change into a hospital gown and a small cannula (thin tube) will be inserted in your arm. You will be brought to the Interventional suite in your bed, where you will be met by a team of nurses, a radiographer and an interventional radiologist (doctor). The procedure will be explained to you by the radiologist and you will be asked to sign a consent form. The Royal Victoria Hospital is a teaching hospital and as such university students may be in attendance, with your permission.

What happens during the procedure?

You will be helped to transfer onto the X-ray table and monitors attached to record heart rate and blood pressure. You will be awake for the procedure but you may have medicines given through the cannula in your arm to help you relax and ease your pain if required. The skin will be cleaned with antiseptic, sterile drapes will be over you, and the insertion site in your groin is numbed with local anaesthetic (this will sting for a short while). A thin, flexible plastic tube (catheter) is inserted into the vein in your groin and using X-rays the radiologist will guide this into both your testicular vein. Only when the catheter is in exactly the correct position, will the radiologist inject a fluid containing tiny particles (about the size of a grain of sand) or small metal coils to block off the abnormal vein(s). Once this embolisation is completed the catheter is removed and the Radiologist will press on the site for a few minutes to prevent bleeding and bruising.

What happens after the procedure?

Once the procedure is completed, you will return to the Day of Surgery Unit / ward for nursing staff to monitor you post procedure. You can usually eat and drink normally, unless told not to. You will generally go home later that day.

Aftercare following discharge

An adult must stay with you during the 24 hour period following discharge in the unlikely event of complications. Please have this arranged in advance.

You cannot drive yourself home or use public transport, again, please arrange this advance of your appointment. If you do not have anyone to drive you home, the Trust can help.

Please rest at home for 24 hours.

Do not exercise, lift heavy items or consume any alcohol during this period.

What to do when you get home

At home you may eat and drink as normal and continue with your normal medication unless instructed otherwise by the doctors. Keep a check on the puncture site and do not drive or do strenuous exercise for 48 hours after the procedure to allow it to heal properly.

Bleeding or swelling is rare. Should this occur, lie down and apply pressure directly to the site for 10 minutes. If it persists after 10 minutes you should go to your nearest A&E department.

You will have a follow up appointment with your urologist but if you have any concerns before then contact your GP.

Results

You may be able to discuss your procedure with the performing Interventional Radiologist once it is complete. The performing interventional radiologist will formally report on your procedure, and it will be attached to the images on our Radiology Information System (RIS). A copy of the report will be sent by Radiology to the referring clinician. Any follow up will be arranged by the referring clinician.

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Duration and Location

Admission is to a Day of Surgery Unit (DSU) or ward as stated on your appointment letter. Here is where you will be looked after pre and post procedure by a team of nurses. You will be transferred to the Interventional Radiology Suite in your bed, at the required time.

The procedure itself, performed in the Interventional Radiology Suite, should take approximately 1 hour.

Whilst we try to accommodate all patients at their appointed time, occasionally emergency patients arise which may delay procedure or result in an extended length of time in DSU prior to the procedure. Your procedure may be cancelled due to emergency cases and will be reappointed for the next available slot.

Image sharing

Your images will be electronically stored on the hospital picture archiving system. This data can be accessed throughout the Belfast Health and Social Care Trust and other doctors and health care professionals who are directly involved in your care. The ability to share images and radiological reports will improve the safety and quality of your care by ensuring that the right information is available in the right place at the right time.

In order to improve the medical services we provide we may also use your data as anonymously as possible for internal audit and medical education. If you would prefer that your data is not used for these purposes, please inform a member of staff when you attend for your examination.

If your data is to be used for research, then a separate consent process will be used. You will be asked for your consent, should this be the case.

Contact us

If you have any queries, we will be happy to answer any questions before or after your procedure and you can contact us on the number given on your appointment letter.

Feedback

We hope you found the information in this leaflet helpful. If it did not tell you what you needed to know or you would like to provide any feedback on your experience please let us know so that we can make any necessary improvements.

You can provide feedback on your experience:

Telephone: (028) 9504 8000 (Monday-Friday: 9am-4pm)

Textphone: 18001 028 950 48000

By email: compliments@belfasttrust.hscni.net

By email: complaints@belfasttrust.hscni.net

By completing an online form: <http://www.belfasttrust.hscni.net/contact/FeedbackForm.htm>

Care Opinion



We invite you to share your experience by clicking the following link:
<https://www.careopinion.org.uk/>

or by scanning the following QR code on your smartphone or tablet:



Language and accessible support services

Deaf/Hard of Hearing

If a Sign Language interpreter is required, please either telephone **028 9615 8900** via the Sign Video remote interpreting service (<https://signvideo.co.uk/deaf-community/>) or email us at MPHAdminFOH@belfasttrust.hscni.net and we will arrange one for your appointment. Please have your H&C number ready when calling or include it in your email. This can be found at the top right corner of any Health and Social Care letters you may have received.

If you are unable to hear on the phone and need to contact us with regards to your appointment you can email us at MPHAdminFOH@belfasttrust.hscni.net.

Do you need this information in another format or language?

The Trust has access to interpreting and translation services. If you need this information in another language or format, including Braille, large print, CD, audio tape please contact the telephone number **028 9615 8900** or e-mail address MPHAdminFOH@belfasttrust.hscni.net, and we will do our best to meet your needs.

Polish - Czy potrzebujesz tych informacji w innym formacie lub języku?

Fundusz ma dostęp do usług w zakresie tłumaczeń ustnych i pisemnych. Jeśli potrzebujesz tych informacji w innym języku lub formacie, w tym w piśmie Braille'a, dużym druku, na płycie CD, kasecie magnetofonowej, skontaktuj się z nami pod numerem telefonu lub adresem e-mail **028 9615 8900 / MPHAdminFOH@belfasttrust.hscni.net**, a my dołożymy wszelkich starań, aby spełnić Twoje potrzeby.

Arabic - هل تحتاج هذه المعلومات بصيغة أو بلغة أخرى؟

تستطيع الجمعية توفير خدمات الترجمة الفورية والتحريرية. إذا احتجت هذه المعلومات بلغة أو بصيغة أخرى، بما فيها صيغة برايل Braille أو صيغة بالأحرف الكبيرة، أو في سي دي CD أو في شريط مسموع، يُرجى الاتصال برقم التليفون أو عبر البريد الإلكتروني **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**، وسوف نبذل قصارى جهدنا في تلبية احتياجاتك.

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Lithuanian - Ar jums reikia šios informacijos kitu formatu ar kalba?

Tarnyba gali suteikti vertimo žodžiu ir raštu paslaugas. Jei reikia šios informacijos kita kalba ar formatu, įskaitant Brailio raštą, didelį šriftą, kompaktinį diską, garso įrašą, skambinkite telefonu arba susisiekite el. paštu MPHAdminFOH@belfasttrust.hscni.net / **028 9615 8900** ir mes padarysime viską, kad patenkintume jūsų poreikius.

Romanian - Aveți nevoie de aceste informații într-un alt format sau altă limbă?

Trustul are acces la servicii de interpretariat și traducere. Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un alt format, inclusiv Braille, tipărire cu caractere de mari dimensiuni, CD, înregistrare audio, atunci vă rugăm să ne contactați la numărul de telefon sau la adresa de e-mail MPHAdminFOH@belfasttrust.hscni.net / **028 9615 8900**, iar noi vom face tot posibilul pentru satisfacerea necesităților dumneavoastră.

Tetum - Ita presiza atu informasaun ida ne'e iha formatu ka lian seluk ka lae?

Fidusiáriu ida ne'e iha asesu ba servisu durubasa no tradusaun. Se Ita presiza informasaun ida ne'e iha lian ka formatu seluk, inklui letra Braille, letra boot, CD, kasete audio, entaun favór telefone númeru ka enderesu e-mail MPHAdminFOH@belfasttrust.hscni.net / **028 9615 8900**, no ami sei halo esforsu tomak atu kumpre Ita-nia nesesidade sira.

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