

# Glossary of terms

**Angiogram:** A study showing arteries and veins by injecting contrast dye through a catheter and taking pictures using x-ray.

**Asymptomatic:** Have no symptoms.

**Catheter:** A thin flexible tube for insertion into a blood vessel through which devices can be introduced or contrast dye can be injected.

**Coils:** Small platinum coils used to occlude (fill) aneurysms. Coils are attached to a wire which is fed through a catheter and into the aneurysm.

**Embolisation:** Blockage of a blood vessel so blood can no longer flow through.

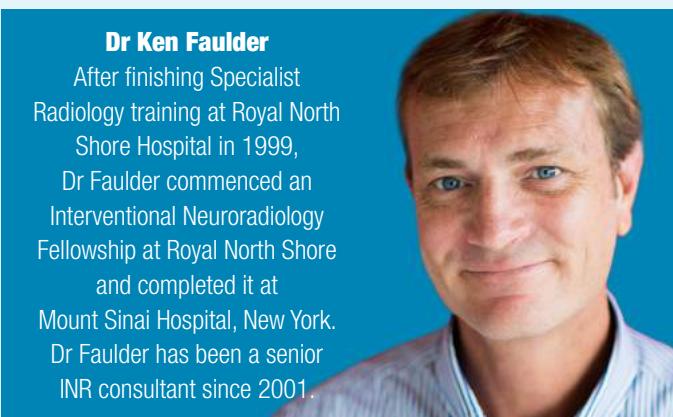
**Endovascular:** Within the vascular system (arteries and veins).

**Varicocoele:** A varicocoele is a network bunch of enlarged veins in the scrotum.



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After finishing training as a Specialist Radiologist at Royal North Shore Hospital in 2004, Dr Steinfort undertook two Interventional Neuroradiology Fellowships, initially at Royal North Shore Hospital and secondly at The National Hospital of Neurology and Neurosurgery, Queens Square, London. Dr Steinfort has been a clinical consultant since 2006.



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Varicocoele  
treatment.

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# What is a Varicocoele?

A Varicocoele is a bunch of enlarged veins in the scrotum. Varicocoeles may be asymptomatic. In certain patients, varicocoeles may cause discomfort, testicular atrophy (shrinkage) and may contribute to infertility.

## What causes a Varicocoele?

Veins are reliant on valves in order to return blood to the heart.

The left testicular vein normally drains to the vein from the left kidney.

If the valves are not present or are incompetent (leaky), blood will flow back from the kidney to the left testis.

Over time, these veins in the region of the scrotum will become enlarged.

## What is embolisation?

Embolisation is a common endovascular technique, performed by endovascular specialists.

It is a technique designed to occlude (block) blood vessels.

A small tube or catheter is introduced into the venous system at the top of the leg and is navigated to the vein to the left kidney and then into the testicular vein under x-ray guidance.

The vein is then blocked/occluded with coil implants which will prevent venous reflux to the testis.

The procedure is normally performed as a day surgery patient under light sedation using local anaesthetic or general anaesthetic depending on the clinical circumstance and patient preference.

## How does blood drain from the testes?

When the testicular vein is blocked, blood from the testis drains via alternative or "collateral" channels.

These small channels do not allow reversal of flow which was the underlying cause of the varicocoele.

## How effective is embolisation?

The success rate for embolisation of varicocoele is above 90%.

## What should I do afterwards?

All patients must have a responsible adult accompany them home after the procedure and stay with them overnight.

On the day of the procedure, do not engage in vigorous activity and maintain good hydration.

Strenuous physical activity should be avoided for a week following the procedure.

Mild abdominal and back discomfort may be experienced for up to 7 days. The varicocele should resolve after about 6 weeks.



Following endovascular treatment, recovery is minimal. In contrast to open surgery, there are no cuts made into the skin and a general anaesthetic is not necessarily required.

## Are there any complications with embolisation?

Embolisation is a very safe procedure. Rare complications include: bruising at the entry site, mild backache and nausea.

Your doctor will discuss procedural risk at the time of consent.



Enlarged testicular vein  
before varicocoele treatment



Occluded testicular vein  
after varicocoele treatment