

**ASCENSION ST VINCENTS**  
**TESTICULAR & OVARIAN VEIN PROCEDURE PATIENT HANDOUT**

**Radiologist who performed your procedure:**

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**Procedure Description:**

- Image-guided testicular and ovarian vein varicocele treatment (also called varicocele embolization) is a minimally invasive procedure performed to treat enlarged or abnormal veins in the scrotum (testicular varicocele) or pelvis (ovarian vein varicocele). These enlarged veins can cause pain, heaviness, infertility, or pelvic symptoms.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide a small catheter into a vein (usually through a tiny opening in the neck or groin). The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. Contrast material is injected to visualize the abnormal veins. Once identified, small coils, plugs, or other embolic materials are placed through the catheter to block the affected veins. This redirects blood flow to healthy veins and reduces pressure in the varicocele. After treatment, the catheter is removed and pressure is applied to the access site to reduce bleeding.
- The procedure usually takes about 1–2 hours. You will then be observed for a period of time to monitor for any complications.
- You will be required to keep the extremity where the blood vessel was accessed completely still for 2 hours following your procedure.
- Over time, the treated veins shrink, which may improve pain or discomfort and, in some patients, fertility or pelvic symptoms.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.

**Benefits:**

- Minimally invasive treatment option for enlarged or abnormal veins.
- Imaging allows the radiologist to precisely target the affected veins.
- Can reduce pain, heaviness, or pelvic discomfort associated with varicoceles.
- May improve fertility in select patients.
- Does not require surgical incisions.
- Typically associated with shorter recovery time compared with surgery.
- Most patients tolerate the procedure well.

**Risks & Potential Complications:**

- The following list includes some, but not all, possible complications.
- Pain is common but often mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.

- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Depending on the area treated, specific complications may occur (such as testicular discomfort or swelling with testicular vein treatment, or pelvic pain with ovarian vein treatment).
- Blood clots or blockage of unintended vessels can occur but are uncommon.
- Incomplete treatment or recurrence of the varicocele can occur and may require repeat treatment.
- Migration or movement of coils or embolic material can occur but is uncommon.
- Kidney injury from contrast material can occur, particularly in patients with underlying kidney disease.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

### **Alternatives:**

- Surgical varicocele repair in appropriate patients.
- Medical management (such as pain medications or supportive garments) for symptom control in select cases.
- Fertility treatments or assisted reproductive techniques when infertility is the primary concern.
- Observation with clinical follow-up if symptoms are mild.
- Some patients choose no further treatment; however, this may allow symptoms to persist or worsen and is generally not recommended.

### **Aftercare:**

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; or numbness, tingling, weakness, or pain in the extremity where the blood vessel was accessed. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.