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Vaircocelectomy



Varicocele is an abnormal enlargement of the vein that is in the scrotum draining the testicles. The testicular blood vessels originate in the abdomen and course down through the inguinal canal as part of the spermatic cord on their way to the testis. Upward flow of blood in the veins is ensured by small one-way valves that prevent backflow. Defective valves, or compression of the vein by a nearby structure, can cause dilatation of the veins near the testis, leading to the formation of a varicocele.

The idiopathic varicocele occurs when the valves within the veins along the spermatic cord do not work properly. Varicoceles develop slowly and may not have any symptoms. They are most frequently diagnosed when a patient is 15–30 years of age, and rarely develop after the age of 40. They occur in 15-20% of all males, and in 40% of infertile males.

A secondary varicocele is due to compression of the venous drainage of the testicle. The small vessels of the pampiniform plexus normally range from 0.5–1.5 mm in diameter. Dilatation of these vessels greater than 2 mm is called a varicocele. Varicocele can be reliably diagnosed with ultrasound, which will show dilatation of the vessels of the pampiniform plexus to greater than 2 mm. The patient being studied should undergo a provocative maneuver, such as Valsalva's maneuver (straining, like he is trying to have a bowel movement) or standing up during the exam, both of which are designed to increase intra-abdominal venous pressure and increase the dilatation of the veins. Doppler ultrasound is a technique of measuring the speed at which blood is flowing in a vessel. An ultrasound machine that has a Doppler mode can see blood reverse direction in a varicocele with a Valsalva, increasing the sensitivity of the examination.

Vaircocelectomy, the surgical correction of a varicocele, is performed on an outpatient basis. The three most common approaches are inguinal (groin), retroperitoneal (abdominal), and infrainguinal/subinguinal (below the groin). Various other techniques may be used. Ice packs should be kept to the area for the first 24 hours after surgery to reduce swelling. The patient may be advised to wear a scrotal support for some time after surgery. Possible complications of this procedure include hematoma (bleeding into tissues), hydrocele (accumulation of fluid around the affected testicle), infection, or injury to the scrotal tissue or structures. In addition, injury to the artery that supplies the testicle may occur. An alternative to surgery is embolization, a minimally invasive treatment for varicocele

Embolization is an effective treatment for post-surgical varicoceles. These are varicoceles that reappear after they have been surgically repaired. Varicocele is usually harmless, but can cause pain and infertility. Although there are studies showing improvement in sperm quality in 57%.