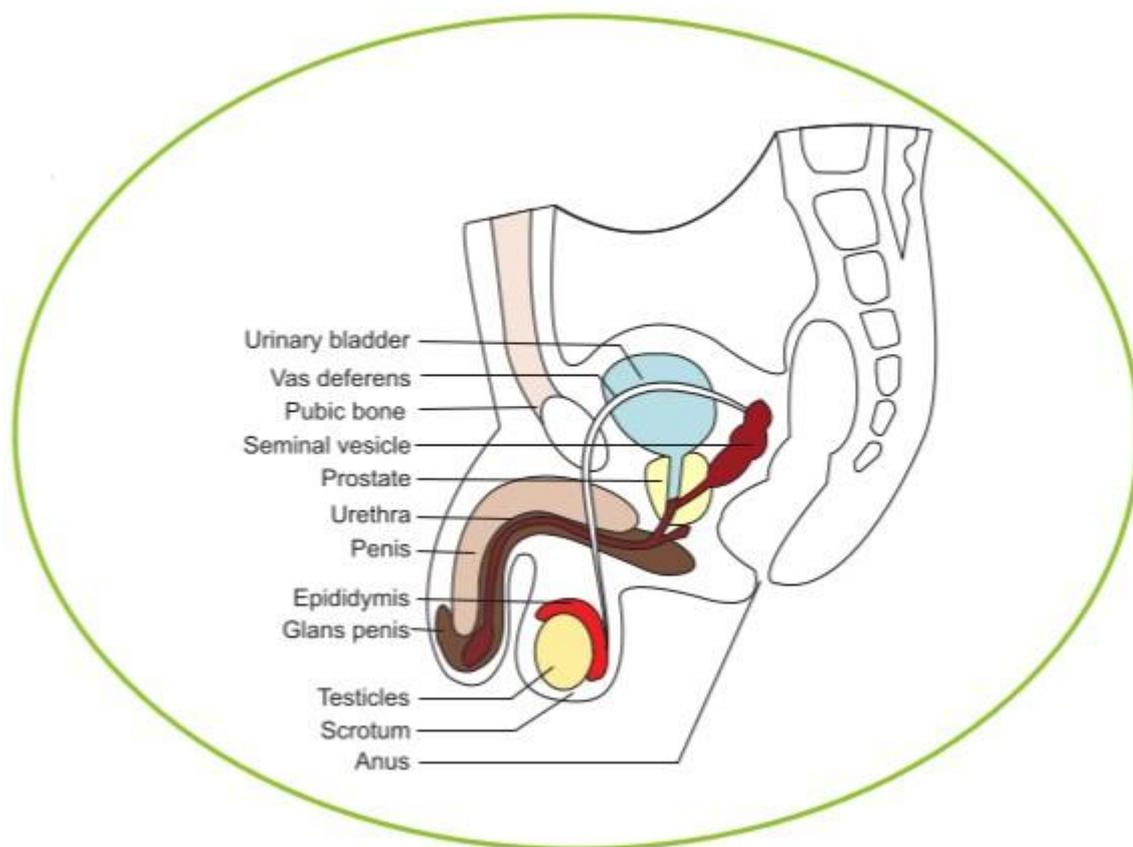


## Varicocele - FAQs

### Introduction

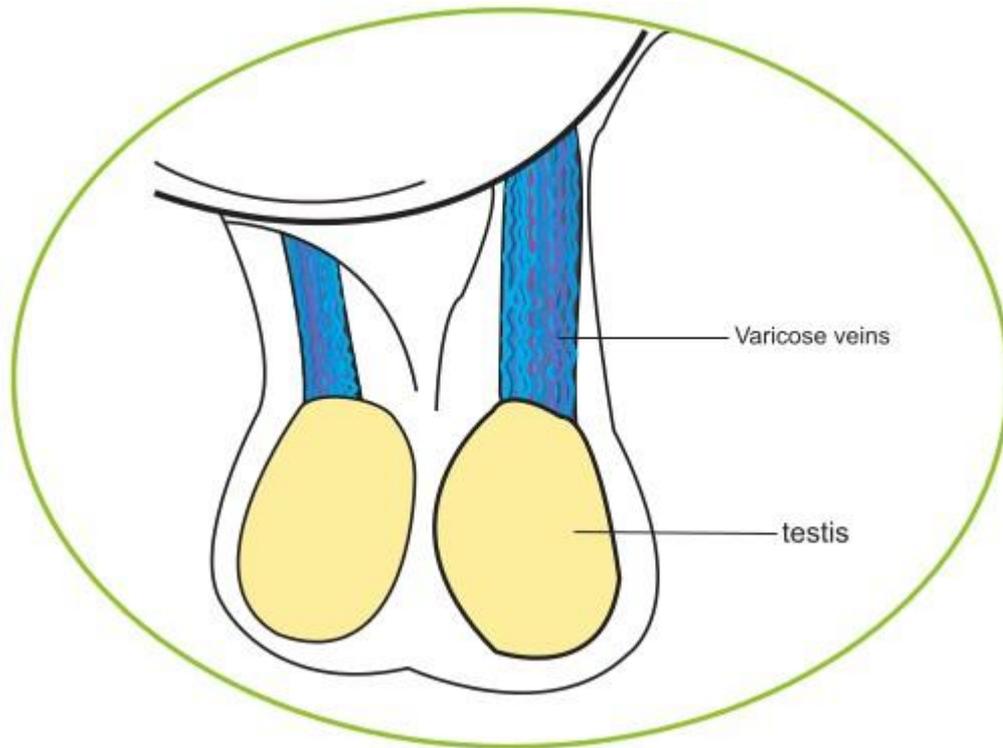
Testes are surrounded by a network of blood vessels. Normally, blood flows to the testicles through an artery, and flows out via a network of tiny veins that drain into a long vein that goes up through the abdomen. The direction of blood flow in this vein should always be up, toward the heart. A series of one-way valves in the vein prevent the reverse flow of blood back to the testicles.



Sometimes these one-way valves fail; the reverse flow of blood stretches and enlarges the tiny veins around the testicle to cause a Varicocele, a tangled network of enlarged blood vessels, or varicose veins.

Q. What is a Varicocele?

A. A varicocele is a network of tangled blood vessels in the scrotum. Varicocele usually develops slowly. They are more common in men aged 15-25 years and are most often seen on the left side of the scrotum. It is a leading cause of male infertility and may also cause pain and shrinkage of the testicles. Fortunately, most varicoceles are easy to diagnose and, if they cause symptoms, can be repaired surgically.



Q. What are the Clinical Features of Varicocele?

A. There may not be any symptoms or they may be mild and many do not require treatment. The patient may be aware of a lump in the scrotum, especially when standing, but may notice that the swelling usually disappears when lying down. The lump, which may have a bluish appearance through the skin, is soft to feel, like a bunch of grapes or a bag of worms.

Treatment may be necessary if the varicocele is causing discomfort or any of the other problems listed below.

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- Recurrent or constant discomfort or pain
  - Enlarged, twisted veins in the scrotum
  - Infertility
  - Painless testicle lump
  - Scrotal swelling, or bulge within the scrotum

Q. What are the Complications of Varicocele?

A. The complications are as follows:-

**Pain:** One of the signs of varicocele is an aching pain when the individual has been standing or sitting for an extended time and pressure builds up in the affected veins. Heavy weight lifting may make varicocele symptoms worse and, in some cases, can even cause varicocele to form. Usually (but not always) painful varicocele is prominent in size.

**Fertility problems:** There is an association between varicocele and infertility or subfertility, but it is difficult to

be certain if a varicocele is the only cause of fertility problems. Varicocele can lead to decreased sperm count; decreased motility or movement of the sperms; and an increase in the number of deformed sperms. It is not known for sure how varicocele contributes to these problems, but a common theory is that increased blood flow raises the temperature of the testicles and affects sperm production.

Prolonged elevated testicular temperature has detrimental effects on sperm production.

There may be improvements in the quality and/or quantity of sperm production after surgery for varicocele repair.

Testicular shrinking (atrophy): Shrinking of the testicles is another of the signs of varicocele. The condition is often diagnosed in adolescent boys during a Sports physical exam. When the affected testicle is smaller than the other, repair of the varicocele is often recommended. The repaired testicle will return to normal size in many cases.

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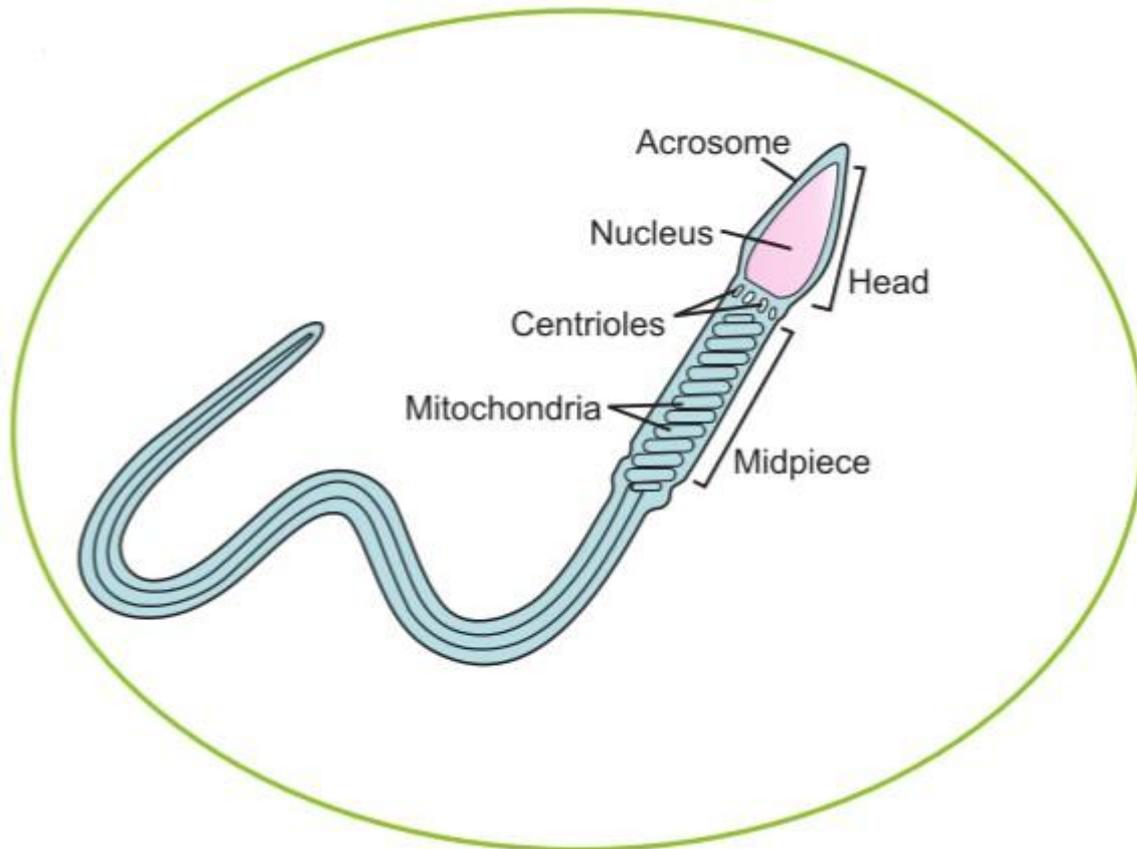
Q. Who can Get a Varicocele and How is it Diagnosed?

A. Any male can be affected, although it is seen more frequently in tall, thin men, especially those from hot climates.

Physical examination: Sometimes a varicocele can be diagnosed during a physical examination. A large varicocele may be seen with the naked eye and may make the scrotum look lumpy so it resembles "a bag of worms". Medium-sized varicocele may be detected during physical examination by feeling the area. A patient suspected of having a varicocele should be examined while standing up, as a varicocele is more prominent in this position than in the lying down position.

Semen analysis: Infertility caused by a varicocele typically produces a consistent pattern of incompletely developed, damaged, dead or dying sperms.

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Other tests: When varicocele symptoms are not clearly present or it is a small varicocele, any of the following tests can be done:-

*Doppler ultrasonography:* It uses ultrasound echoes to detect the characteristic sound of the back flow of blood through the valve.

*Venogram:* It is an x-ray in which a special dye is injected into the veins to "highlight" blood vessel abnormalities.

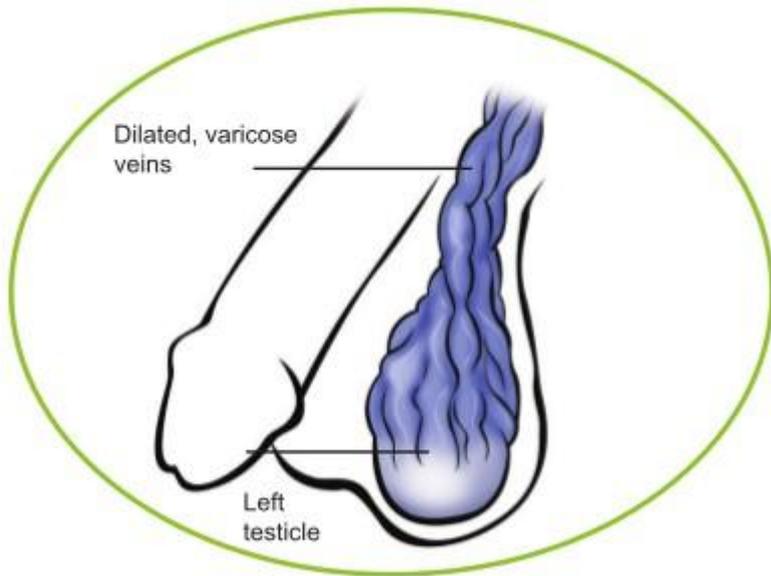
*Thermography:* It uses infrared sensing technology to detect pockets of heat caused by pooled blood.

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Q. What are the Treatment Options for Varicocele ?

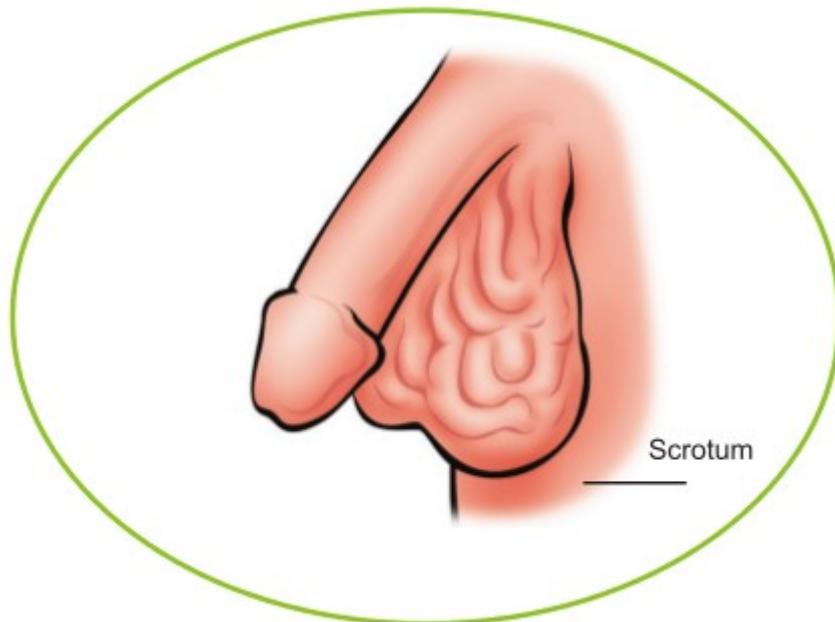
A. If the patient has no symptoms or the symptoms are mild and infertility is not an issue, the condition can be managed by wearing an athletic supporter or snug-fitting underwear to provide the scrotum with support.

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Surgery to correct a varicocele is usually done on an outpatient basis. After a cut is made, usually in the lower abdomen, the doctor disconnects the network of tangled blood vessels by tying off the abnormal veins so that the blood will now flow around the area into normal veins. Ice pack is kept on the area for the first 24 hours after surgery to reduce swelling.

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After the surgery it is important not to have sexual intercourse for one week. It takes about 72 days for sperms to generate, so there would be a waiting period of three or four months after surgery to get a semen analysis to determine whether the varicocele repair was successful in restoring fertility.

An alternative to surgery is varicocele embolization which is more costly than surgery and hence not done often.

*For more information, contact your doctor*

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