VARICOCELE SURGERY VS. EMBOLIZATION:

Which approach is right for your patients?



SUCCESS RATE

Surgery: 90%

Embolization: 90%



IMPROVEMENTS TO SPERM COUNT

Surgery: 3 months Embolization: 3 months

PROCEDURE LOCATION

Surgery: Hospital

Embolization: Outpatient practice



ANESTHESIA

Surgery: General anesthesia

Embolization: Local only, at the site of injection



SCARRING

Surgery: Yes Embolization: No.



RETURN TO EXERCISE

Surgery: 10-14 days Embolization: 1-2 days



RETURN TO SEXUAL ACTIVITY

Surgery: 4 weeks Embolization: 1-2 days



SURGICAL

- » Testicular atrophy
- » Infection
- » Damage to an artery
- » Varicocele recurrence

EMBOLIZATION

- » Minor complications
- » Temporary pain in the flank area
- » Slight risk of infection
- » Slight risk of arterial puncture







VARICOCELE EMBOLIZATION **PROCEDURE**

Varicocele embolization is performed by an interventional radiologist who inserts a tiny catheter into a vein in the upper thigh or neck, and then uses x-ray imaging to guide it through the body's blood vessels to the veins within the testicle. Tinv coils made of stainless steel are inserted into the vein to block the flow of blood, which causes the vein to shrink and eventually disappear. Blood is re-routed by the body through other healthy veins in the testicle.

The physicians of Memphis Vascular Center have been performing vascular and interventional radiology therapies for many years and are among Tennessee's leading experts on these procedures.

This procedure is recommended for patients who have an enlarged varicocele, and one or more of the following:

- » A dull ache or pain in the scrotum, especially while standing
- » Potential infertility concerns due to decreased sperm count
- » Shrinking of one or both testicles
- » Do not wish to have surgery to treat the varicocele.



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If you are interested in learning more about therapies for varicoceles or other diseases and conditions, please consult with one of our specialists by calling (901) 683-1890