DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

MEN'S HEALTH · VARICOCELE EMBOLISATION

Varicocele Embolisation

A varicocele is a cluster of enlarged veins around the testicle caused by faulty vein valves. Embolisation closes the faulty vein from the inside: no incision, no general anaesthetic, home the same afternoon.

AT A GLANCE

Anaesthesia **Local + light sedation**	**Hospital stay** **Day case, home in hours**	**Procedure time** **About 45 to 60 minutes**
Back to work **Usually 1 to 2 days**	**Sport** **About 1 week**	**Cost** **Usually no gap on fee***

The problem: a varicocele

Up to one in seven men has a varicocele, most commonly on the left. Faulty valves in the testicular vein let blood pool backwards into the veins around the testicle, which enlarge like varicose veins. The result can be a dragging ache or heaviness (worse with standing, exercise or heat), visible or palpable swelling, a smaller testicle on the affected side, and reduced sperm quality. Varicoceles are one of the most common correctable factors in male subfertility.

How embolisation fixes it

Rather than tying the veins off surgically through a cut in the groin, embolisation closes the faulty vein from within. Through a tiny puncture in a neck or groin vein, a catheter is guided down the testicular vein under X-ray guidance. Venography confirms the reflux, and the vein is sealed with small coils, often with a sclerosant. Blood immediately reroutes through normal veins with competent valves, and the pooling around the testicle stops.

Who it suits

- Aching, dragging or heaviness from a varicocele
- Couples with fertility concerns where a varicocele and abnormal semen analysis are present
- Recurrent varicocele after previous surgery: embolisation maps and treats the exact failing vein
- Adolescents with varicocele and growth concern for the testicle, managed alongside paediatric specialists
- Men who want to avoid a general anaesthetic and incision

What to expect

1. **Consultation and ultrasound review.** Your symptoms, examination and ultrasound are reviewed; the plan and alternatives are discussed plainly.

2. **The procedure (45 to 60 minutes).** Local anaesthetic and light sedation. One needle puncture in a vein, no incision. The faulty vein is confirmed and closed in the same sitting.
3. **Home within hours.** A small dressing, no stitches. Most men return to desk work within a day or two and sport within about a week.
4. **Follow-up.** Symptoms settle over weeks. For fertility indications, semen analysis is rechecked after about three months, one full sperm production cycle.

Results and risks, honestly

Technical success is very high, and symptom relief and semen-quality outcomes are equivalent to surgical repair in comparative studies, with a faster recovery and no incision. Recurrence occurs in roughly 5 to 10% of men over the long term (similar to surgery) and can usually be re-treated the same way. After-effects are mild: an ache in the back or groin for a few days is the most common. Uncommon risks include bruising at the puncture site, inflammation of the treated vein, and rarely a coil moving from position. Serious complications are rare, and the testicle's normal blood supply is not disturbed.

Common questions

Embolisation or surgery, which is better? Outcomes for pain relief and fertility are equivalent in comparative studies. The practical differences: embolisation has no incision, no general anaesthetic, and a return to work in a day or two; surgery involves a groin incision and a longer recovery. For recurrent varicoceles after surgery, embolisation is usually preferred because it maps the failing vein directly.

Will it improve our chances of conceiving? In men with a clinical varicocele and abnormal semen parameters, treatment improves sperm count and motility in the majority, and meta-analyses support improved pregnancy rates. It is not a guarantee. Dr Tarr will be straightforward about what it can and cannot fix, and coordinates with fertility specialists.

How painful is the recovery? Most men describe a mild ache for a few days, managed with simple pain relief. It is noticeably gentler than recovering from a groin incision.

APPOINTMENTS & REFERRALS
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For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

*For privately insured patients, most procedures involve no gap on Dr Tarr's fee; hospital or anaesthetic costs may still apply. Your individual costs are confirmed in writing before booking.

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