

Treatment of varicoceles

Not all varicoceles require immediate surgical intervention. The decision is made in dependence on the pain experienced by the specific patient.

The situation is different if fertility is concerned. Varicoceles in children should also be treated if no pain is present in cases where the affected testicle's growth is retarded (size). In adults, the importance of surgical treatment of varicoceles is not clearly established in cases where the patient wishes to have children and the semen analysis produced unusual results. In this respect, studies report different results. At least, pronounced varicoceles (grade 2-3) should be present so that a corresponding successful result can be expected after the surgery. In such cases, individual consulting is required.

A distinction is made between the following surgical techniques:

- Sealing/Obliteration of varicoceles using Tauber's technique: One of the veins is accessed via a small incision in the scrotum and a small amount of a special adhesive mixed with air is injected into the vessel to seal it.
- Ivanissevich's technique: Every single vein is accessed and ligated at the level of the groin, often with the help of a microscope.
- Bernardi's or Palomo's technique: In this case, the veins are ligated above the groin in the retroperitoneal space. In particular in the case of Palomo's technique, a minimally invasive, keyhole surgery technique (laparoscopy) is used.
- Sealing/Obliteration of varicoceles via a vascular catheter introduced through the groin. This technique is not used very often. Similarly to a cardiac catheter, a catheter is advanced via the crural vein up to the junction of the testicular vein and this vein is then sealed using different materials.

The indication for and choice of the surgical technique should be discussed with the patient on a case-by-case basis.