

Pediatric Urology Associates, Ltd.

& Pediatric Enuresis Center of Arizona

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VARICOCELE

A varicocele is an abnormal dilatation or enlargement of the veins within the spermatic cord which drain blood away from the testicle. It is usually noticed as a painless enlargement of the scrotum. Some patients do notice a discomfort, heaviness or "dragging feeling" in the scrotum. On examination, the dilated veins along the cord above the testicle feel like "a bag of worms." Laying the patient down will make the varicocele empty and become smaller. Standing him up will cause it to fill and enlarge.

A varicocele is uncommon in children under 10 years of age. It becomes more common after puberty and occurs in 16% of adolescent boys. It is usually found on the left side. The exact cause of a varicocele is not known.

Varicoceles have been associated with infertility. 20-40% of men seen for infertility are found to have a varicocele and low sperm counts. On the other hand, the majority of men with varicoceles have normal sperm counts and are fertile. It is thought that the large, dilated veins cause an increased temperature in the testicle which impairs sperm production.

Based on our present knowledge and abilities, it is not possible to predict accurately which boys with a varicocele will have problems with fertility later in life. However, if the testicle on the side of the varicocele is smaller or is not growing normally compared to the other side, we do believe that this is a sign of ongoing damage to the testicle and the varicocele should be repaired. If the varicocele is very large and causing pain or other symptoms, it should also be repaired. If there are no symptoms and both testicles are normal in size and growth, no treatment is necessary.

The usual treatment of a varicocele is ligation of the spermatic vein. A small incision is made on the lower abdomen, the vein is identified and tied. This operation is very successful. Another way is to inject coils or different substances into the vein under X-ray guidance to clot off the vein. This is usually done only if surgery fails. More recently, laparoscopic ligation of the spermatic vein has been performed, but offers little advantage over the other procedures employed.

