

20th VASCULAR SOCIETY OF EGYPT
INTERNATIONAL ANNUAL CONFERENCE

In Collaboration With

7th ANNUAL AL-AZHAR VASCULAR
SURGERY CONFERENCE

**EVIDENCE BASED
VASCULAR PRACTICE**



ENDOASCULAR TREATMENT OF IRY VARICOCELE

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Why Endovascular

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Varicocele Embolization
Non-Surgical



Closes veins from the inside.

Microsurgical Varicocelectomy
Surgical



Closes veins from the outside.

Laparoscopic Varicocelectomy
Surgical



Closes veins from the outside.

Invasiveness

Single skin puncture

No stitches

No Internal cutting, bleeding or burning

Lowest risk of blood loss and infection

No general anesthesia

No risks to testicular artery

No risks to testicular nerve

No risks of a hydrocele

Quick recovery

Lowest post-op pain

Outpatient (no hospitalization)

Improvement in symptoms

Minimally invasive



Minor Surgery



Major surgery



Limitations

Inflamed skin disorder in puncture area

Contrast allergy

Renal impairment

Coagulopathy

procedure

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Type of anesthesia

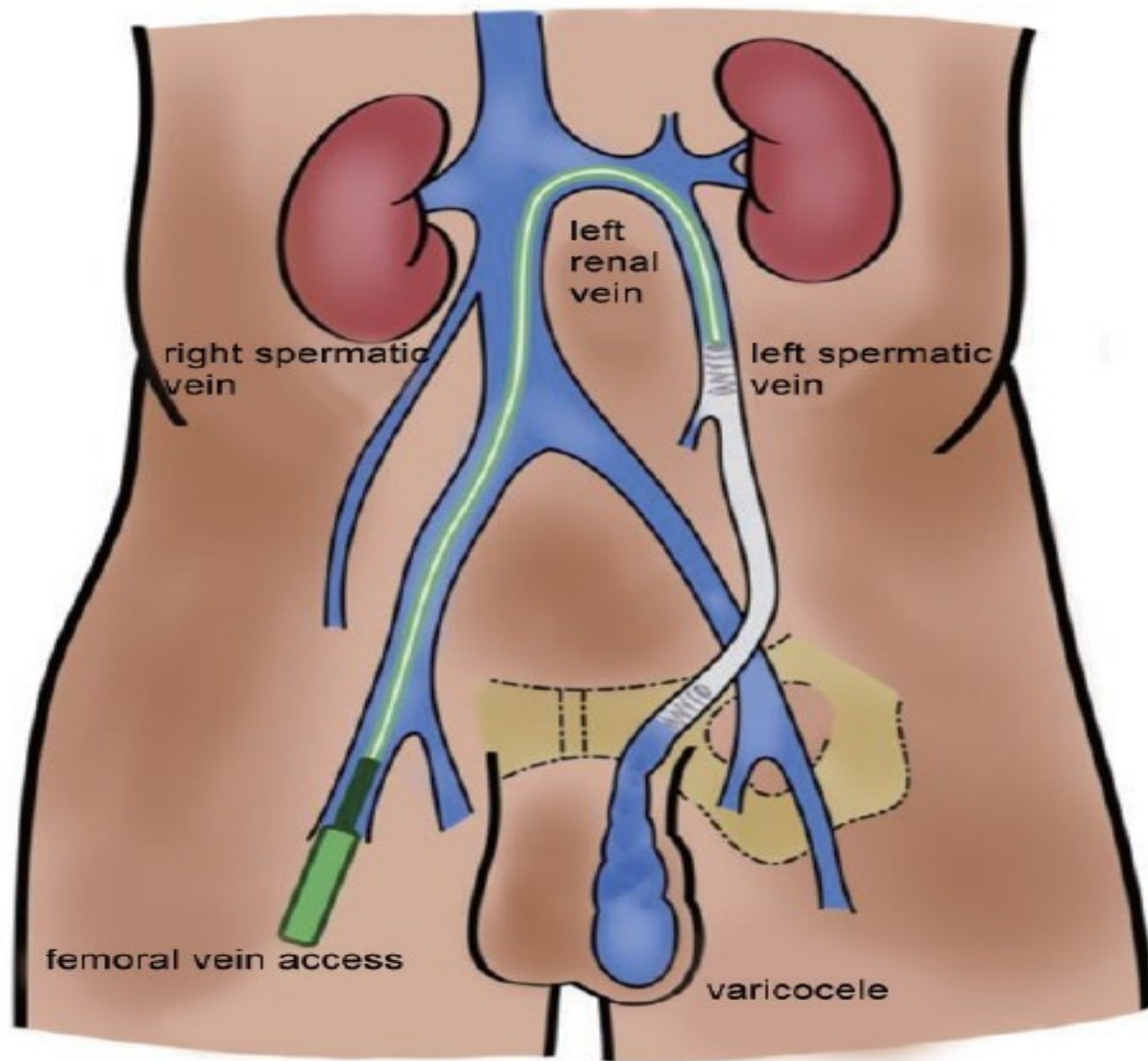
Endovascular treatment of 1ry varicocele
is done under local anesthesia

Vascular access

For Lt side varicocele the Rt IJV or Rt CFV approach

For Rt side varicocele the IJV or basilic vein approach

Access done by using 6 F vascular sheath



Venography

Selective venography of the renal vein and the gonadal vein orifice should be done using 4 to 5 F diagnostic catheter guided by 0.035 hydrophilic wire

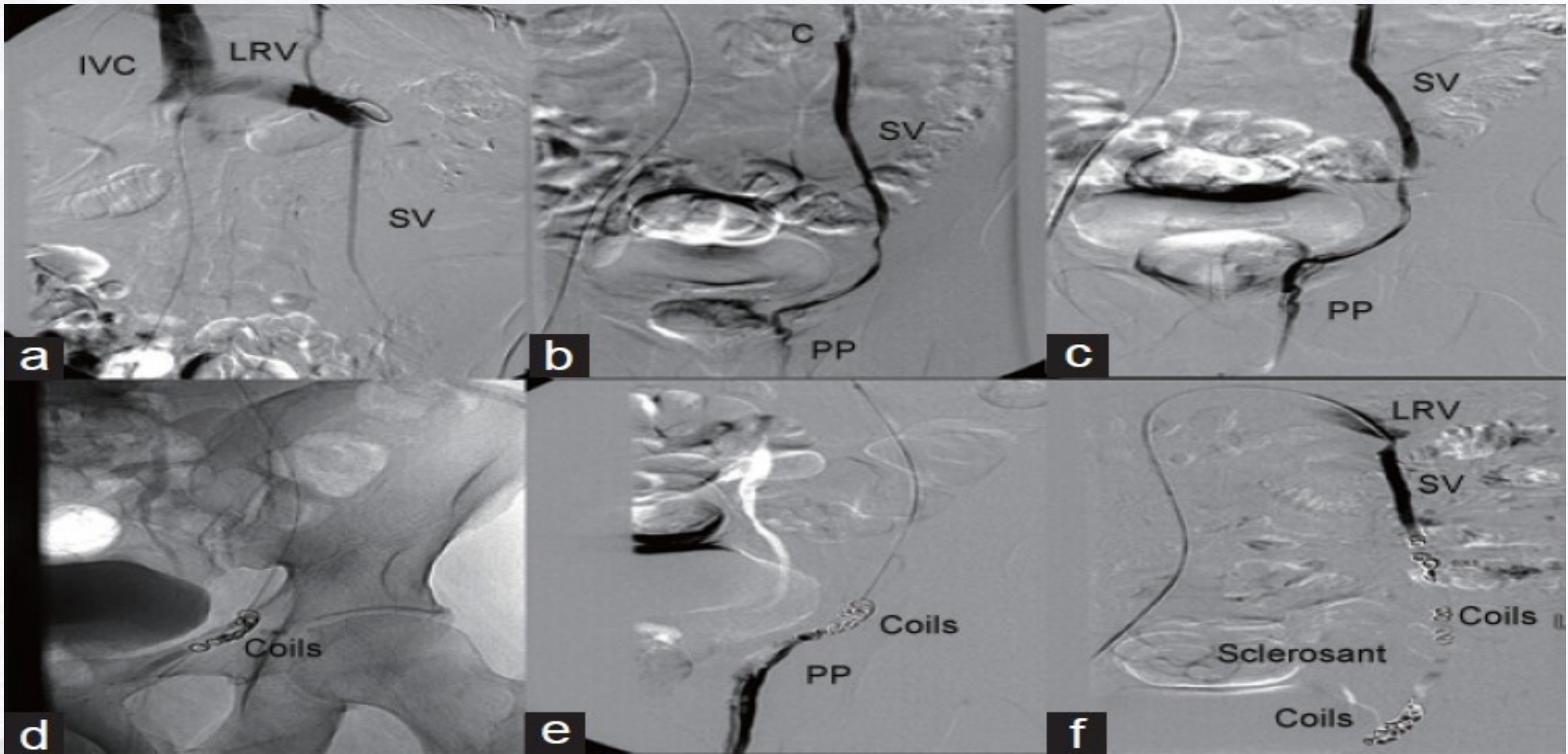
The catheter tip should be placed at the junction of distal internal spermatic vein and the pampiniform plexus and should be done under fluoroscopic guidance for selective catheterization of the internal spermatic vein for embolization

The choice of embolic agent VS coil

The sclerotic agent used is polidocanol in concentration of 3% solution

Foam will be prepared by using the double syringe system method

The choice of coil diameter depends on diameter of the gonadal vein





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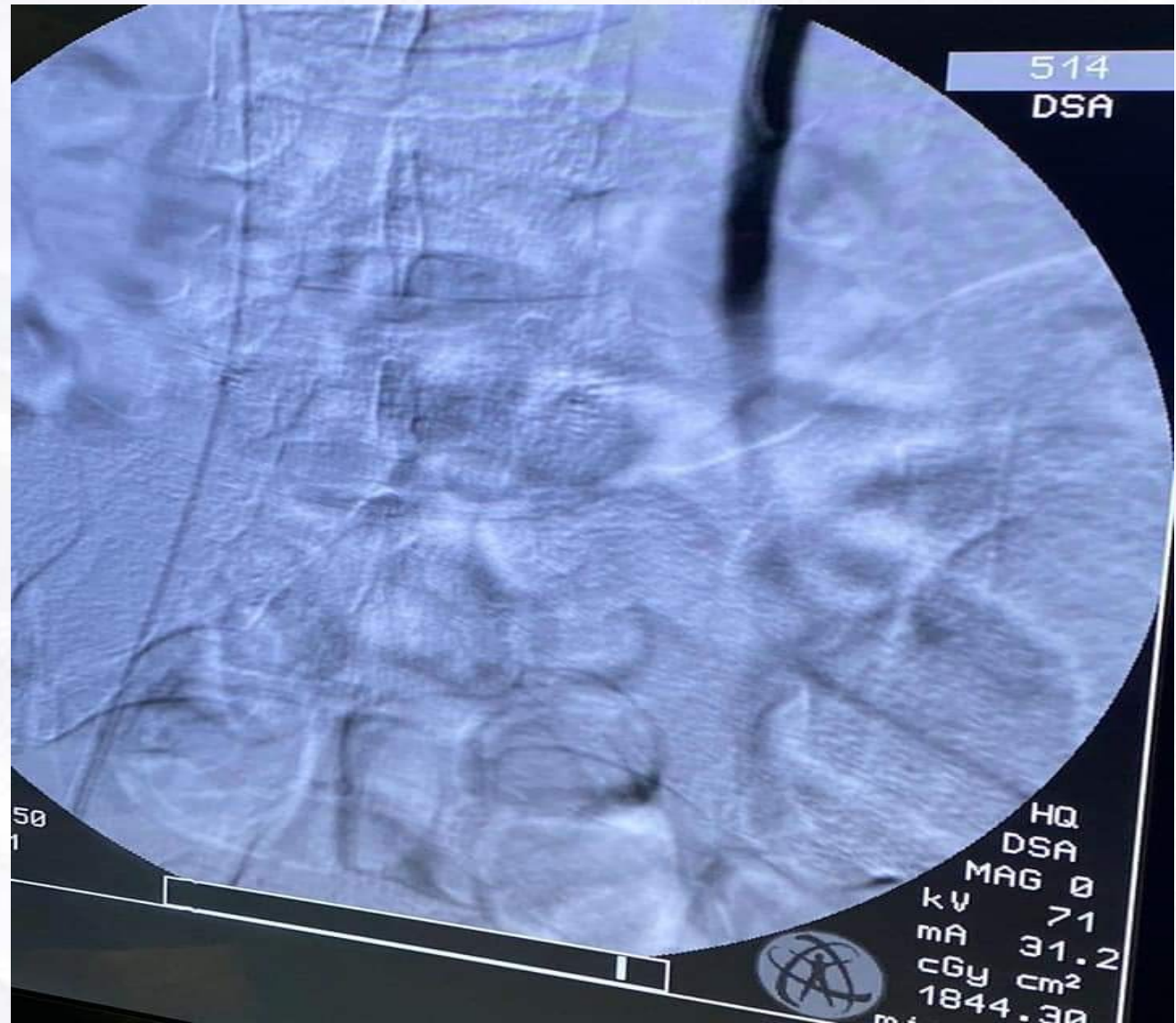




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Post procedure

After removal of the catheter compression of the entry side should be performed

The patient should be observed for about 2 to 3 hours post procedure before discharging home

SURGERY VS EMBOLIZATION

Recovery Time	2-3 weeks	1-2 days
Exercise Time	10-14 days before resuming physical activity	7-10 days before resuming physical activity
Sexual Activity	4 weeks before resuming sexual activity	1-2 weeks before resuming sexual activity



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