

# THE UROLOGY GROUP

www.urologygroupvirginia.com

Walter O'Brien, Kevin O'Connor, Nicholas Lailas,  
Gregory Schenk, Jennifer Young, Chuck Pruna, Christopher Starks  
Julie Spencer, Kristin Tamburro, Kathleen Cage, Mari Parker

---

1860 Town Center Drive • Suite 150 • Reston, VA 20190 • 703-480-0220  
19415 Deerfield Avenue • Suite 112 • Leesburg, VA 20176 • 703-724-1195  
224-D Cornwall Street, NW • Suite 400 • Leesburg, VA 20176 • 703-443-6733

---

## **VARICOCELE AND INFERTILITY**

A varicocele is dilated veins in the scrotum, often described as a “bag of worms”. These veins carry blood from the testicle and scrotal structures back to the heart. Varicoceles are present in 15 percent of the normal men and in approximately 40 percent of men presenting with infertility.

Varicoceles that can be felt on exam (palpable) have been documented to be associated with infertility. This is thought to be because the varicocele increases the temperature of the testis.

### **Diagnosis**

Diagnosis of varicocele is based on physical exam and at least two semen analyses. **Scrotal ultrasound** may be ordered to document size of the testicles.

### **Treatment**

Treatment of the varicocele should be considered when all of the following conditions are met: 1) the varicocele can be felt on physical examination of the scrotum; 2) the couple has known infertility; 3) the female partner has normal fertility or a potentially treatable cause of infertility; and 4) the male partner has an abnormal semen analysis.

Adult men who have a palpable varicocele and abnormal semen analyses but are not currently attempting to conceive should also be offered varicocele repair.

Young men who have a varicocele and normal semen analyses should be followed with semen analyses every one to two years.

### **Adolescents**

Adolescents who have a varicocele and decreased size of the testicle should be offered varicocele repair. Adolescents who have a varicocele but normal testicular size may be followed with annual measurement of testicular size and/or semen analyses.

### **Surgery**

There are two approaches to varicocele repair: surgery and percutaneous embolization. Surgical repair of a varicocele may be accomplished by various surgical approaches. One of the most common types of surgery is through the groin. Hazards of surgery include bleeding, infection, recurrent varicocele and fluid collection in the scrotum (**hydrocele**). Semen analysis may be checked at periodic intervals to assess treatment outcomes.

Written by: Jennifer L. Young MD, The Urology Group. Copyright 2011.

Reference: Infertility: Report of Varicocele and Infertility. An American Urologic Best Practice Policy. Copyright © 2001 American Urological Association, Inc.® and American Society for Reproductive Medicine.