VARICOCELECTOMY PROCEDURE INFORMATION

A varicocelectomy is a surgical procedure that involves tying off or clipping enlarged/swollen testicular veins. This may be done laparoscopic, retroperitoneal or microscopic subinguinal (groin). This is usually a same day procedure.

WHAT TO EXPECT DURING THE PROCEDURE:
You will have a general anesthetic. An incision is made and an operating microscope is used to locate the dilated veins. The spermatic cord that houses these varicose veins is isolated. All of the abnormally dilated veins are isolated and tied off to resolve the abnormal increased blood flow. The cord is then tucked back into the incision which is then closed with stitches.
A catheter may be placed to drain urine until the surgeon feels it is no longer needed.

RISKS OF PROCEDURE:

- Bleeding / Bruising
- Infection
- Varicocele Recurrence
- Anesthesia reactions
- Chronic Pain
- Hydrocele (fluid around the testicle)
- Testicular ischemia / loss

PRIOR TO YOUR PROCEDURE:
You will be scheduled in office two weeks before your procedure date for a pre-operative appointment to answer any questions. You will have prescriptions needed for the procedure sent to your pharmacy at this time.
Know the arrival time and date of your procedure.
If your procedure is canceled or must be rescheduled we will notify you as soon as possible and discuss potential dates for rescheduling surgery.

Please fill all prescriptions that we give you and read the instructions on the bottle. These prescriptions will have been given to you at your preoperative appointment or when we call prior to your procedure.
Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these Medications.

You must notify your provider if you are taking any **SGLT2 inhibitors** such as

- Brenzavvy (bexaglifloxin)
- Inovokana (canaglifozin)
- Farziga (dapagliflozin)
- Jardiance (empagliflozin)
- Steglatro (ertugliflozin)

OR any **GLP-1 receptor agonists** such as

-Ozempic (semaglutide subcutaneous)
-Trulicity (dulaglutide)
-Bytetta (exenatide)
-Bydureon Bcise
-Victoza (liraglutide)
-Adlyxin (lixisenatide)

If you take any **blood thinners** on the following list, this will need to be discussed with your provider. Do not stop these medications on your own. According to the schedule below, unless otherwise noted by your cardiologist or Dr. Trotter/Dr. McClintock.

o Plavix (Clopidrogel)
o Pradaxa (Dabigatran)
o Xarelto (Rivaroxaban)
o Elquis (Aphixaban)
o Effient (Prasugel)
o Brillinta (Ticagrelor)
o Aspirin or Baby Aspirin
o Fish Oil
o Meloxicam

Medications Prescribed For Your Procedure: Please read the instructions below and ON THE MEDICATION BOTTLES for when, why and how to take them.

1. Keflex (cephalexin), Bactrim (trimethoprim /sulfamethoxazole) or Doxycycline. These are antibiotics. You are to start the antibiotic the day before the procedure and complete the course as prescribed. It may cause GI upset.
2. Tylenol with Codeine. These are optional narcotic pain medications. They are to be taken if needed for SEVERE pain after the procedure. Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation and drowsiness. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these medications.

WHAT TO EXPECT AFTER THE PROCEDURE:

You will be responsible for the care of the sutures/incision.
You may shower 48 hours after the procedure and the incision(s) left to air dry.
Keep the area clean and dry. Do not soak/submerge sutured areas until cleared by your provider.
Bruising/Swelling is normal. You may indirectly apply ice packs (frozen pea packs) wrapped in a towel for 15 minute intervals per hour to the affected area for the first 48-72 hours.

Wear scrotal support when up for at least one week after the procedure.
You may elevate the scrotum when resting by placing a rolled towel underneath.
It is important to support your scrotum when you are up and moving around.
It is important to move after surgery, although avoid strenuous physical activity for 2-3 weeks post surgery or until cleared by your provider. Avoid lifting > 10 lbs. for the first 2-3 weeks after the procedure or until cleared by the provider.
Abstain from all sexual activity, including masturbation, until you are seen for your postop follow up.

CONTACT OFFICE WITH ANY CONCERNING SYMPTOMS INCLUDING:
-Fever or 101 F degrees Fahrenheit or higher.
-Discharge from incision that is yellow/green or foul smelling.
-Painful swelling to the incision site or genital area.
-Redness of the genital area that appears to be spreading.
-Uncontrolled vomiting

Important Contact Information
Midtown Urology
911 W. 38th Street, Suite 200
(512) 451-7935 phone
(512) 451-7965 fax

If you need to reach the doctor after hours for an urgent matter, please call our office at 512-451-7935 and follow the prompts to be connected with the on-call provider.

You may also go to Seton Main Emergency Room on 38th and N. Lamar. Please only go to this hospital as our physicians have privileges there.

Hospital for Emergencies
Seton Main Medical Center
1201 W 38th St, Austin, TX 78705

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