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**[100% Effective Natural Hormone Treatment](#)
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!**

Varicocele Surgery Options

By Bob Maloney

There are three types of surgery and one so called "non surgical" procedure. The three surgeries all involve surgical ligation, i.e. surgery to tie off the faulty veins.

I. Varicocelectomy (Conventional Open Surgery)

In a conventional varicocelectomy the doctor makes a two or three inch incision below the groin area or in the abdomen. He goes in and ties off the offending veins. This procedure is performed on an outpatient basis (i.e. no overnight hospital stay) using general or spinal anesthesia.

You may need to avoid strenuous activity for several days or even weeks after surgery. Most men are able to go back to work within three to four days.

This is the most common procedure. You may have a hard time finding a doctor who can do one of the other procedures.

Complications include hydrocele (fluid around the testicle) and infection.

There is about a 20% chance that the varicocele will recur because some of the smaller veins are not identified and are missed during surgery. There is about a 5% risk of hydrocele formation – a collection of fluid around the testicles, because lymph vessels are indirectly tied off too, so that more fluid is accumulated. There is also a risk of damage to the testicular artery that supplies blood to the testicles, which means that your testicles will shrivel up and die and you'll be singing soprano like a girlie man. There will be a scar similar to an appendectomy scar.

Often the surgeon will make the incision in the abdomen rather than the groin because there are fewer blood vessels at this level and they are large and therefore easily identifiable. However, recent anatomic studies have shown that ligation at this level may miss some lateral drainage veins, resulting in a higher failure rate and higher recurrence rates.

II. Microsurgery

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Microsurgery (also called microsurgical ligation) is a procedure in which a smaller incision is made. The doctor only cuts the skin and fatty tissue. Because he does not cut the muscle, there is less pain and a faster recovery. The doctor identifies the varicoceles (swollen veins) through an operating microscope. Large varicoceles are cut and stapled closed. Smaller varicoceles are cut and stitched shut. The operation takes less than an hour and recovery time is short.

The microscope enables better identification of the artery that brings blood to the testicles and preservation of the lymphatics, eliminating the risk of hydrocele (accumulation of fluid around the testicles) after surgery. This procedure has a higher success rate, fewer complications, and leaves a smaller scar.

The operation takes about 45 minutes for a varicocele on one side of the scrotum, 1.5 hours if the varicocele involves both sides.

III. Laparoscopy

This is similar to conventional open surgery and the incision is usually made on the abdomen. High ligations (i.e. in the abdominal area rather than the groin) in open surgery require either large incisions or small incisions with significant retraction (i.e. pulling the veins out of the body), both of which can result in increased postoperative pain and infection.

There is a relatively high incidence of arterial injury while making the incision and a greater incidence of hydroceles following laparoscopy.

IV. Coil Embolization, Radiologic Balloon Occlusion or Radiologic Ablation

This is referred to as a "minor procedure" or a "non-surgical" procedure. It is not very commonly performed. A steel coil or silicone balloon catheter is inserted into a vein on the leg below the groin and passed under X-ray guidance to the testicular vein. Alternatively, pure alcohol is injected into the veins, causing them to become nonfunctional. After the procedure, the catheter (a small tube) is removed and no stitches are needed.

This procedure is performed on an outpatient basis and requires no incision, stitches, general anesthesia or overnight admission to the hospital. Several studies have shown that embolization is just as effective as surgery. Patients return to full activities in a day or two. Some complications of surgery, such as hydrocele (fluid around that testicle) and infection are virtually unheard of.

Minor complications such as bruising at the catheter site, nausea or backache may occur, but are uncommon. Infection, hydrocele or loss of a testicle have not been reported after coil embolization. However, there is a danger that the coil could migrate to the heart and cause death. Perhaps this is why this procedure is rarely performed. Also, it is more expensive, less effective and has a higher rate of recurrence (5–11%).

It requires a significant degree of technical expertise, and may not be doable in as many as 30% of patients. Radiation exposure during the procedure may be harmful to the testicles. The amount of

radiation exposure is about equal to the amount received during a chest x-ray.

Bob Maloney speaks from the heart about varicoceles, having suffered himself from this affliction. Learn how he overcame his at times debilitating varicocele without surgery and today lives pain free.

<http://www.spryhealth.com/ebook/varicocele/varicocele.html>

Is Picking A Surgeon Pot Luck?

By Sharleen Standling

The decision to have any form of cosmetic or plastic surgery is a very big one to make, there are many risks involved and sometimes, after hearing many horror stories in the press, it's as if choosing a surgeon is a lottery.

Amongst other things, surgery is very expensive, granted, costs have come down considerably over the years, but it is still very expensive to the average person.

There are cheaper options, like going abroad to have your surgery performed, you can stay in a hotel and relax by the pool while you recover. But personally the thought of having my surgery performed by someone that doesn't even speak my language worries me.

Once you have your mind made up that surgery is what you want, the next step is to find a good surgeon. Did you know that within the US it is legal for a doctor regardless of their speciality to perform "cosmetic surgery" but not "plastic surgery"?

When your health is involved, it's best not to cut corners, if you would pardon the pun, and not substitute a quality procedure for cost.

In the US there is only one entity overseeing Physicians performing plastic surgery and that is the American Board of Medical Specialities, so you must make sure that your surgeon is board certified by them. There are other "fake medical boards" but they are not recognised by the ABMS so don't even touch a surgeon whose credentials do not include the ABMS.

For a surgeon to be certified by them they need to have completed around 5–7 years of surgical residency training after medical school, or possibly more depending on the programme.

In the UK, the surgeon must firstly be registered on the General Medical Council, and then must be a member of either the British Association of Plastic Surgeons (BAPS) or British Association of Aesthetic Plastic Surgeons (BAAPS).

With all surgeons, experience is vital, you must check how many procedures they have done, ideally they should be performing cosmetic surgery operations daily.

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There is a ton of resources on the internet regarding plastic surgery, you must research thoroughly before you go ahead with an operation. If surgery is what you truly want, do not take it lightly. It is your body, your health and it is your right to find out and ask as many questions as is required to feel satisfied that you are making the right decision.

Sharleen Standling is a proud contributing author. Find more articles at

<http://consumerresourcesportal.info>

For more info visit

<http://onlinecosmeticsurgery.info>

or

<http://onlinecosmeticsurgery.info/plastic-surgeons.htm>



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