

Guideline for Hospital Admission

Ministry of Public Health - Lebanon

Purpose:

The aim of this guideline is to prevent unnecessary interventions related to the presence of varicocele. The listed criteria are not exclusive, and in certain cases exceptions are permitted when justified, but then a detailed report for the reasons should be required, so the criteria can be updated.

Background:

There is no evidence that treatment of varicocele at paediatric age will offer a better andrological outcome than an operation performed later.

In case of normal semen analysis, there appear to be no benefit from varicocele repair.

When the clinical examination findings are equivocal, high-resolution color-flow Doppler ultrasonography is the diagnostic method of choice.

Although the exact size definition is controversial, most surgeons consider a varicocele to be a vein 3 mm in diameter or larger while the patient is at rest. McClure et al define a varicocele as the presence of 3 or more veins, with 1 having a minimum resting diameter of 3 mm or an increase in venous diameter with the Valsalva maneuver. Because other surgeons use 2-3 mm as a cutoff, comparing results of these ultrasound-based varicocelectomy studies is difficult.

Summary of varicocele.

- Varicocele associated with a small testis
- Additional testicular condition affecting fertility
- Bilateral palpable varicocele
- Pathological sperm quality (in older adolescents)
- Varicocele associated with a supranormal response to LHRH stimulation test
- Symptomatic varicocele.
- In men with subnormal semen analysis, clinically explicit varicocele and otherwise unexplained infertility, varicocelectomy may improve the fertility.

References:

- Kogan SJ. The pediatric varicocele. In: Gearhart JP, Rink RC, Mouriquand PDE, eds. Pediatric urology. Philadelphia: WB Saunders, 2001, pp. 763-773.
- Kass EJ, Reitelman C. The adolescent with a varicocele: who needs repair? Probl Urol 1994;8: 507-17.

- S. Tekgöl, H. Riedmiller, E. Gerharz, P. Hoebeke, R. Kocvara, R. Nijman, Chr. Radmayr, R. Stein. Guidelines on Paediatric Urology (2009). European Society for Paediatric Urology & European Association of Urology.
- European Association of Urology Guidelines 2010

Checklist:

Admission for surgery		
	Yes	No
Age		
<i>Infertility</i>		
<i>Married</i>		
<i>Years of marriage</i>		
<i>Ultrasound description</i>		
Testis size		
Varicocele size		

The above described checklist helps in future analysis of admitted patient for varicocele surgery.
