

## 16.16 Varicocele

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DEFINITION	A varicocele is an enlarged tortuous spermatic vein “bag of worms” above the testis. It is present in 15-20% of the post-pubertal population. About 30% are bilateral. Most are unilateral, left-sided. Unilateral, right-sided varicoceles must alert the clinician to possible underlying pathology. Varicoceles occur gradually. If a varicocele occurs rapidly, within 6 months, underlying pathology should be considered. Varicoceles can occasionally interfere with fertility. Large varicoceles are easily identified by inspection. Moderate sized varicoceles can be identified by palpation. Small varicoceles can be identified with palpation during Valsalva maneuver.
SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. No symptoms</li><li>2. Dull, aching scrotal pain</li><li>3. Pain may be worse when standing and improve when recumbent</li></ol>
OBJECTIVE	<ol style="list-style-type: none"><li>1. Ask client to perform Valsalva maneuver – to see if change in size occurs and if the varicocele returns to previous size</li><li>2. Genito-urinary exam:<ol style="list-style-type: none"><li>a. Palpate testes, epididymis, vas deferens while standing and then supine</li><li>b. Note difference in size and consistency of testicles</li><li>c. Document if varicocele reduces in size when recumbent</li></ol></li></ol>
LABORATORY	
ASSESSMENT	Varicocele
PLAN	<ol style="list-style-type: none"><li>1. Refer to primary care provider, urologist or specialist for management</li></ol>
PATIENT EDUCATION	<ol style="list-style-type: none"><li>1. Emphasize the importance for medical attention</li></ol>

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