Gregory E. Dean, MD, FACS, FAAP Lorileen Bautista, MSN, CPNP

Michael G. Packer, MD, FACS, FAAP Diana London, MSN, FNP-BC

Jonathan A. Roth, MD, FAAP Michelle Sheel, MSN, CPNP

Zarine R. Balsara, MD, PhD

Charles W. Concodora, MD

 **Adolescent Varicocele Management**

**What is a varicocele?**

 A varicocele is a dilation of the veins around the testis. It usually produces no symptoms and is detected upon routine physical examination. It is described as a “bag of worms” sitting next to the testicle. Rarely, it can present as a dull aching pain in the scrotum.

**How common is a varicocele?**

 Varicoceles are detected in approximately 15% of adolescent boys. Most often they are noted on the left side and < 2% are noted on both sides. Once a varicocele is present, it persists for the remainder of the individual’s life.

**How are varicoceles classified?**

 Varicoceles are often described by size. Grade I is small and can only be felt upon exam with difficulty. Grade II is moderate in size and is easily detected upon physical exam. Grade III is large and easily visible.

**Will my child have infertility related issues?**

 This issue remains unresolved. There have been many studies performed to determine the exact relationship between varicoceles and infertility. While 15-20% of adult men have varicoceles, very few will have fertility issues.

**What are the treatment options?**

 Treatment is aimed at halting or reversing the growth failure that may occur to the testis. Serial examinations on a yearly basis may be all that is required to check for any changes in the size of the testicle. An ultrasound may also be performed.

If there appears to be a >20% discrepancy in size or the testicle is significantly smaller than the unaffected side, correction of the testicle is recommended. Another indication for surgery is the presence of scrotal pain secondary to the varicocele. Techniques used include open surgery, laparoscopy or radiological intervention.

 Updated September 2018