







Advantages of Interventional Radiology Procedures

-  Office based and minimally invasive
-  Home in the same day
-  Quicker recovery times
-  Very low complication risks
-  No general anesthesia needed
-  Ease of scheduling

FOR MORE INFORMATION



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Our Team

Varicocele Embolization Specialist — Dr. Bilal Anwer is a board-certified Interventional Radiologist with advanced expertise in varicocele embolization—a minimally invasive, outpatient procedure that treats varicoceles without surgery. Using image-guided techniques, he blocks abnormal veins through a tiny pinhole, relieving pain and improving fertility with minimal downtime and no scarring.

Leg Pain Clinic

Your One Stop Clinic for Leg Pain Relief



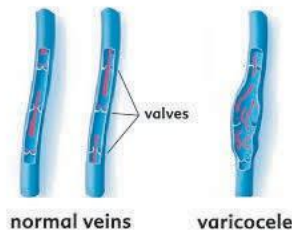
VARICOCELE

Treatment in Houston, TX

What Is A Varicocele?

Male infertility caused by a varicose vein of the testicle and scrotum - called varicoceles - is a very common occurrence, affecting approximately 10 percent of all men.

The varicose vein - very similar to those located on legs - happens when the vein valve fails and blood pools, enlarging the veins around the testicle and causing a varicocele. When this condition occurs, not only does it cause infertility, but it may also cause pain and testicular atrophy.



What are Typical symptoms Caused by Varicoceles?

Scrotal pain caused by varicoceles varies from person to person. The pain is generally mild to moderate, and has been described as dull, congestive, "toothache" like. The pain worsens with long periods of sitting, standing or physical activity, especially for long periods of time. The pain is typically relieved by lying down. With time, varicoceles may enlarge and become more noticeable. In young men, the presence of a varicocele impairs sperm production and can often be improved with treatment.

How Are varicoceles Treated?



The physician inserts a small catheter into a tiny incision in the groin area, accessing the femoral vein.



Using x-ray the physician then guides the catheter from the vein, directly to the testicular vein.



Once in the testicular vein, contrast is injected in order to map out the problem area so it can be embolized - or "blocked" - using coils.



Once the vein is blocked, the damaged vein is shut off and the blood flow is redirected to the surrounding, healthier veins.



Pressure is eased on the varicocele, restoring normal function and eliminating pain.



The patient is sent home shortly after the procedure and is back to normal activities the next day.

The whole procedure usually lasts about **30-45 minutes** with a **two hour** recovery and the patient is back to moderate activity within **24-48 hours**.

