

# Pelvic Congestion / Varicocele Embolization

## Preparation Instructions

You have been scheduled for an Embolization.

This patient package contains the following:

- Information and preparation instructions for the procedure
- A map with directions to the Center
- Forms to fill out **before** your arrival:
  - Information/Details about your Condition
  - Patient Consultation Information (4 pages)
  - Discharge Instructions

***Please bring these forms with you to the procedure.***

- **Expect to be at the office 3-4 hours.**
- **Arrange for someone to drive you home after the procedure.**

Premier Radiology Briarville

1210 Briarville Road • Suite 602F • Madison, TN 37115

Hours: 7:30 AM - 5:00 PM

Office: 615-986-6411

Fax: 615-234-1506

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Revised 3.5.2017

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# Pelvic Congestion / Varicocele Embolization Overview

Pelvic congestion treatment in females and varicocele treatment in males involves evaluation and treatment of the veins that serve the gonadal or pelvic region. A venogram allows us to see the size and flow of the veins utilizing IV contrast and X-ray. This procedure is performed under sedation. A catheter is placed into the vein in the RIGHT groin and a thin tube directed into the veins. After the veins of interest are evaluated, treatment may be performed, which includes blocking the abnormal flow of blood in the veins which are causing the problem. In females, the symptoms include pelvic pain (usually worse after intercourse), pelvic heaviness and fullness and urinary frequency. In males, the symptoms are usually associated with scrotal pain and infertility.

## HOW SHOULD I PREPARE FOR THE PROCEDURE?

- **Arrange for someone to drive you home after the procedure.** You will be told to avoid driving for 24 hours as the narcotics that you receive will have to wear off.
- **Discontinue** any of the following medications for **3 days** prior to your procedure: **Plavix, Pletal, Ticlid, Trental, Coumadin, Warfarin, Brilinta, Xarelto or Pradaxa. Discontinue Effient for 7 days** prior to your procedure. **Patients who have had a drug eluting cardiac stent within the past year should NOT stop Plavix or Effient.**
- **Discontinue** any of the following medicines **24 Hours** prior to your procedure: **Lovenox, Fragmin, Normiflo, Orgaran, Innohep, Arixtra, Eliquis, or Iprivask.**
- All other medications are okay to take the day of the procedure. Take all your medications with small sips of water, unless told otherwise. It is very important to take blood pressure medications the morning of your examination. You will be told to stop taking blood thinners. This is important to prevent bleeding problems after your exam. Please bring all your medications with you to your appointment (not just a list). **DO NOT HOLD heart or blood pressure medications.**
- If you are on insulin, take ½ of your dose the morning of the procedure. Do not take any oral diabetic medication the morning of the procedure.
- Do not eat solid foods for **6 hours** prior to your procedure. You may drink clear liquids until **2 hours** before the procedure (no milk or creamer, no juice with pulp).
- If you have had imaging done prior to your procedure, please bring the disc and/or report with you.
- On the morning of your procedure please come to Briarville Premier Radiology office **30 minutes** before your appointment time. We open at 7:30 AM. (see attached map for directions).
- Inform the nurse and the radiologist of any allergies you have.
- Please fill out and bring the documents and questionnaire about your current health status, including current problems, allergies, medications, surgeries, etc.
- Nursing/technical staff will review your information that was completed and ask other questions. An IV will be started for IV sedation.
- The Interventional Radiologist will examine you and discuss the scheduled procedure. After questions are answered, we will have you sign a consent form. If you have any questions about the procedure before you arrive, you may call our office at **615-986-6411**. You will receive a reminder call the evening before the examination.

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# What Will Happen the Day of the Procedure

## HOW IS THE PROCEDURE PERFORMED?

When you arrive at our office, you will check in at the reception desk. Paperwork will be verified and you will be escorted to the staging area. Our staff will ask several other questions. The Interventional Radiologist will explain the scheduled procedure, answer questions and perform a consultation. If the procedure will be performed the same day, you will receive some oral sedation and an intravenous (IV) line will be placed in the arm. This allows us to give you fluids, antibiotics and/or medications as needed during your procedure. Once in the procedure room, you will be placed on your back and your groin area will be shaved and cleaned with a sterile solution which helps prevent infection. As you are sedated, monitoring devices will be placed on your chest and arms to evaluate your vital signs. Sedation will be provided to make sure that you are very comfortable and sleepy. A local anesthetic will be injected to numb the skin over the access site and a thin catheter (tube) will then be placed into the vein through your groin and directed with X-ray guidance into the gonadal veins. As contrast is injected, you may feel a sensation of warmth in the pelvis or groin area. This feeling will pass quickly. After injections determine proper catheter location, the abnormal veins coming from the pelvis/testicles will be blocked with slinky coil-like devices.

## HOW LONG WILL THE PROCEDURE AND RECOVERY TAKE?

The embolization procedure takes approximately 1 hour, sometimes longer if the anatomy is more complex. After the procedure is completed, the catheter will be removed and the Interventional Radiologist may seal the entry site with a closure device or stitch. Direct manual pressure is also applied for 5 to 10 minutes. This will help to prevent bruising and bleeding and allow the access site to heal. Typically you will be on bed rest for one hour after the procedure with your leg straight. Your pulse, blood pressure and entry site will be frequently evaluated during this period. You will be able to eat and drink.

## WHEN WILL I KNOW THE RESULTS?

During the recovery period, the Interventional Radiologist will prepare some key images for you to take home at discharge. The exam and the images will be reviewed with you and your family. Prescriptions may be necessary, such as anti-inflammatory medications. These prescriptions will be given to you at this time. Follow-up will be discussed as ultrasounds of the target area are recommended at 3 months. Reports will be generated for your referral doctor and primary care doctor. They will receive a copy of the consultation as well as the examination and treatment reports.

## OUTPATIENT DISCHARGE INSTRUCTIONS

- Drink plenty of clear (nonalcoholic) liquids such as water, juice or soda once you have returned home - at least 8 oz. every hour. You may begin your usual diet when you leave the Center.
- Resume your usual diet and any medications you routinely take (*unless instructed not to do so by your doctor*).
- For the next 12 hours, attempt to keep the leg in which the catheter was placed as straight as possible.
- No driving, operating heavy machinery, or making any legal decisions for 24 hours following the procedure.
- For several days after the procedure, avoid strenuous activities including vigorous exercise, housework, yard work, lifting objects heavier than 10 pounds or excessive bending at the waist.
- Do not take a tub bath until the groin site looks closed. This may be several days. You may shower.
- Please expect the Interventional Radiologist to call you the evening of the procedure to check on your status. A second follow-up call from the office will occur in several days following the procedure.

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# Post-Embolization Instructions

## Activity:

1. For the next 12 hours, attempt to keep the leg in which the catheter was placed as straight as possible. This will help minimize your risk of bleeding (hematoma).
2. Go home and rest quietly for the remainder of the day. Do not drive, operate heavy machinery, or make any legal decisions for 24 hours.
3. The day after the arteriogram, avoid strenuous activities including vigorous exercise, lifting objects heavier than 10 pounds or excessive bending at the waist. This will help minimize your risk of bleeding (hematoma).

## Diet/Medications:

1. You may resume your normal diet after the procedure.
2. Drink extra nonalcoholic fluids today (6-8 glasses). This will encourage the elimination of the contrast (dye).
3. You may restart all your medications (unless instructed not to do so by your doctor).

## Wound Care:

1. Your access site should be kept clean and dry. Do not bathe in a tub for 48 hours. Showers are acceptable.
2. The dressing on your groin may be removed in the morning. Remove dressing while in the shower, replace with a band-aid for about 5 days.
3. Change the band-aid when it becomes soiled or wet.

## Common Side Effects:

You should expect some discomfort for several days after your procedure. Take your usual pain medications prescribed by your doctor as needed.

## Contact our office at 615-986-6411 for the following symptoms:

1. Bleeding or swelling at the entry site. If you notice swelling in your groin, apply direct pressure with your fingertips and call us immediately at **615-986-6411**. This may be a sign that bleeding has started from the artery or vein.
2. If you develop a fever above 101°, or any redness or drainage at the catheter site, an infection could be developing. Seek medical attention immediately.
3. Any change in color or temperature of the leg. (A small bruise may be a normal occurrence.) If the leg in which the catheter was placed becomes cool, cold, numb or painful, call us immediately at **615-986-6411** or the **on-call service at 866-236-3572**. An Interventional Radiologist will be notified and will respond to your problem.

## General Information:

1. You may have had a vascular closure device placed at the catheter site at the end of your procedure. Please refer to the information provided for specific details.
2. Call your referring doctor for a follow-up appointment. Results of your arteriogram will be sent directly to your referring doctor.
3. For any questions regarding your examination or problems you notice after leaving, please call Premier Radiology Briarville at 615-986-6411.

Thank you for allowing us to participate in your healthcare needs.

*These discharge instructions have been explained to the patient. The patient or the person responsible for the patient fully understands these instructions.*

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of person giving instructions: \_\_\_\_\_

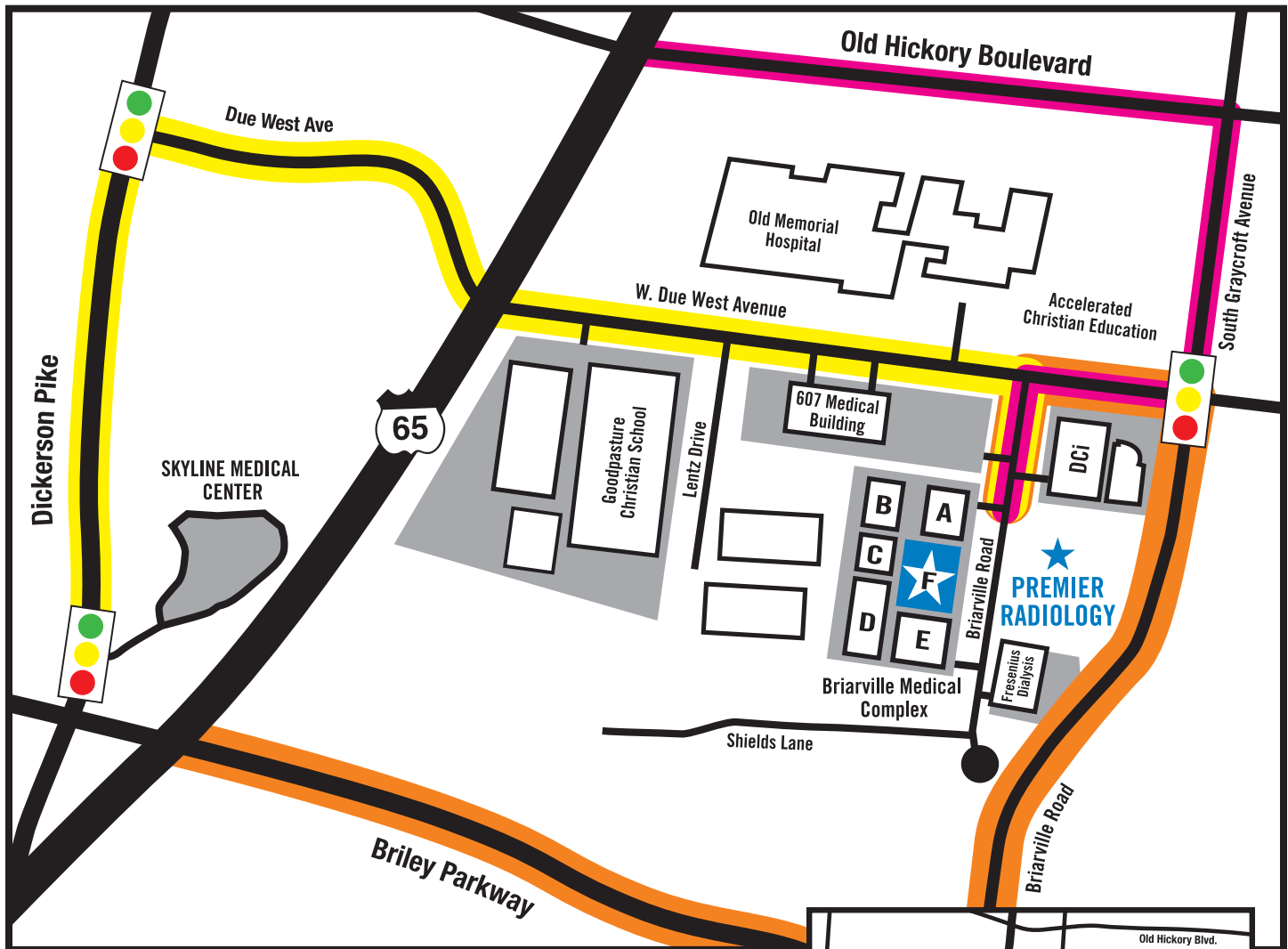
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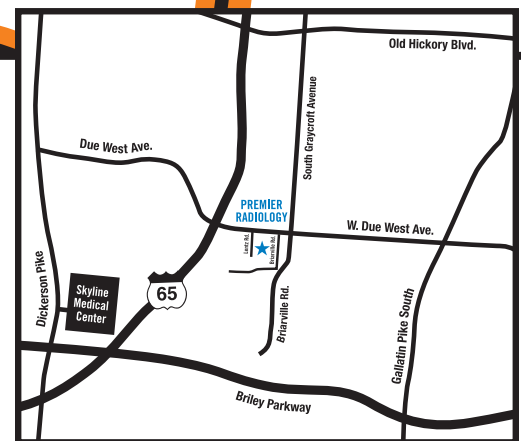
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**FROM SKYLINE MEDICAL CENTER:** Exit the center by turning right onto Dickerson Pike at the traffic light. Follow Dickerson Pike to Due West Avenue (.9 miles). Turn right at the traffic light onto Due West Avenue. Travel 1.5 miles to Briarville Road. (Once you cross over I-65, it will be the 2nd road on the right). Turn right onto Briarville Road. Turn right at the 4th driveway into the Briarville Medical Complex. Premier Radiology is in Building F with a blue awning over the door.

**FROM I-65 NORTH FROM NASHVILLE:** On I-65 North take Briley Parkway (TN-155) East toward Opryland. Continue .4 miles and take exit 15A Briarville Road. Drive .8 miles to the intersection of W. Due West Avenue and South Graycroft Avenue. Turn left at the traffic light. In 325 feet take the first left onto Briarville Road. (This is between the DCi building and the 607 Due West Medical Building). Turn right at the 4th driveway into the Briarville Medical Complex. Premier Radiology is in Building F with a blue awning over the door.

**FROM I-65 SOUTH FROM HENDERSONVILLE:** On I-65 South take exit 92 Old Hickory Boulevard toward Madison. Turn left at the traffic light at the top of the ramp. Drive .4 miles to the traffic light at South Graycroft Avenue. Turn right onto South Graycroft Avenue. Continue straight for 1.1 miles to the intersection of South Graycroft Avenue and W. Due West Avenue. Turn right at the traffic light onto W. Due West Avenue. In 325 feet, turn left onto Briarville Road. (This is between the DCi building and the 607 Due West Medical Building). Turn right at the 4th driveway into the Briarville Medical Complex. Premier Radiology is in Building F with a blue awning over the door.



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# Information/Details about your Condition

## Pelvic Congestion / Varicocele Embolization

Where do you have pain? \_\_\_\_\_

\_\_\_\_\_

Describe how it feels (sharp, knife-like, cramping, burning, aching, dull): \_\_\_\_\_

\_\_\_\_\_

Where do you have numbness, tingling or coolness? \_\_\_\_\_

\_\_\_\_\_

When did this start - suddenly or gradually? \_\_\_\_\_ Duration \_\_\_\_\_ days, weeks, months, years.

Is it always present, or does it come and go? \_\_\_\_\_

How much pain do you have at rest? 1 2 3 4 5 6 7 8 9 10 (*circle*) \_\_\_\_\_

What makes your pain the worst? \_\_\_\_\_

\_\_\_\_\_

How much pain do you have at the worst? 1 2 3 4 5 6 7 8 9 10 (*circle*) \_\_\_\_\_

What makes the pain better (rest, movement, medicine)? \_\_\_\_\_

\_\_\_\_\_

Do you take pain medications for this? \_\_\_\_\_

Do you take any blood thinners? \_\_\_\_\_

List any previous vascular surgery: \_\_\_\_\_

\_\_\_\_\_

List any previous imaging studies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Patient Consultation Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex  Male  Female

Referring MD: \_\_\_\_\_ Primary Care MD: \_\_\_\_\_

Phone contact information: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Describe why you are here today or what is your current problem?

\_\_\_\_\_

Tell us more about your current problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES** (please list medicine allergies): Latex allergy?  YES  NO Nickel allergy?  YES  NO

\_\_\_\_\_

Have you, or has anyone in your family, ever had a reaction to sedation or anesthesia?  YES  NO

If yes, describe: \_\_\_\_\_

**CURRENT MEDICATIONS** (BRING ALL MEDICATIONS and list current medications and dosages below):

\_\_\_\_\_

\_\_\_\_\_

Date of last flu vaccine: \_\_\_\_\_ Date of last pneumococcal vaccine: \_\_\_\_\_

**SOCIAL HISTORY** (things about you that will help us understand your medical problem): **PLEASE CHECK**

Smoking:  YES  NO If yes, please describe how long/how much: \_\_\_\_\_

If you have quit smoking, when: \_\_\_\_\_

Alcohol:  YES  NO If you have quit, when: \_\_\_\_\_

Recreational drugs:  YES  NO  In the past: \_\_\_\_\_

Caffeine cups per day: Please give amount: \_\_\_\_\_

Marital status: (check one)  Single  Married  Widowed. Do you live alone?  YES  NO

Occupation: \_\_\_\_\_

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**PRIOR IMAGING:** Have you had recent imaging exams (ultrasound, CT, MRI)?

Please list type and location: \_\_\_\_\_

**PAST MEDICAL HISTORY** (Medical care or problems):

Heart attack or rhythm problems	YES	NO
Pacemaker	YES	NO
Diabetes - treated with pills	YES	NO
Diabetes - treated with insulin	YES	NO
High blood pressure	YES	NO
Bleeding disorders	YES	NO
Stroke	YES	NO
Stomach or colon problems	YES	NO
Lung disease (cancer or emphysema)	YES	NO
Kidney disease	YES	NO
Mental/emotional disorder	YES	NO
Liver/jaundice/hepatitis	YES	NO
Vascular problems	YES	NO
Cancer	YES	NO
Musculoskeletal	YES	NO
Endocrine/Thyroid	YES	NO
Sleep Apnea	YES	NO
Other:		

**REVIEW OF SYSTEMS** (Past or current medical issues): *Please circle*

<b>General:</b>	Weight loss or gain	Fever	Chills
<b>Neurological:</b>	Headache	Confusion	Speech changes
<b>Psychological:</b>	Anxiety	Depression	
<b>Skin:</b>	Rash	Edema (swelling)	Bruising
<b>Ears, Nose, Throat:</b>	Hearing loss	Visual changes	Visual loss
<b>Heart &amp; Vessels:</b>	Chest pain	Irregular heart beat	Leg edema (swelling)
<b>Lungs &amp; Breathing:</b>	Problems at rest	Problem with exercise	Problem with lying flat
<b>Stomach &amp; Bowels:</b>	Vomiting or nausea	Diarrhea or constipation	Blood in stool
<b>Kidneys &amp; Bladder:</b>	Frequent urination	Painful urination	Bloody urine
<b>Muscles &amp; Bones:</b>	Leg pain with movement-R or L	Leg pain with rest-R or L	Arthritis
<b>Other:</b>			
<b>Other:</b>			



**FAMILY HISTORY:** (Please list all known major family medical history).

Problem	Father	Mother	Brother or Sister	Describe
Heart Disease				
Stroke				
Abdominal Aneurysm				
High Blood Pressure				
Cancer <i>(location under other)</i>				
Other:				
Other:				
Deceased or Alive? Age?				

**PAST SURGICAL HISTORY:** (Please list prior surgeries with approximate dates).

	YES	NO	Dates
Heart surgery	YES	NO	
Back surgery	YES	NO	
Knee or hip surgery	YES	NO	
Aortic surgery (aneurysm treatment)	YES	NO	
Leg bypass surgery for artery disease	YES	NO	
Carotid artery surgery (neck artery)	YES	NO	
Aneurysm treatment with coils inside of head	YES	NO	
Gallbladder or colon	YES	NO	
Uterus and/or ovaries	YES	NO	
Other:			
Other:			
Other:			

How did you learn about Premier Radiology Briarville?

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**NURSING ASSESSMENT** (to be completed by your nurse):

**Vitals:**

T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP(R): \_\_\_\_\_ BP(L): \_\_\_\_\_

Oxygen Sat%: \_\_\_\_\_ on room air. Oxygen Sat% \_\_\_\_\_ on: \_\_\_\_\_ LPM

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_

**Labs:** Cr/GFR: \_\_\_\_\_ / \_\_\_\_\_ PT/INR: \_\_\_\_\_ / \_\_\_\_\_ Blood Glucose: \_\_\_\_\_

**Mental Status:**  Alert  Oriented  Confused **Deficits:**  Visual  Hearing  Speech

**Airway:**  Normal  Limited neck movement  Dentures  Carotid Bruit: R L

**Lungs:**  Clear  Rales  Rhonchi  Wheezes

**Heart:**  Regular  Murmur

**Abdomen:** Bowel Sounds  Yes  No Masses  Yes  No Bruit  Yes  No

**Leg strength:**  Normal  Weak \_\_\_\_\_

**Arm strength:**  Normal  Weak \_\_\_\_\_

**Patellar Reflexes:** \_\_\_\_\_

**Pain with straight leg raises?:**  Yes  No \_\_\_\_\_

**Pre-procedure Pulses:**

Right	Femoral	PT	DP	Radial
Value: +3 to doppler				
Left	Femoral	PT	DP	Radial
Value: +3 to doppler				

Women: Date of last menstrual period: \_\_\_\_\_ Pregnancy possibility?  Yes  No

Confirm cessation of blood thinners or antiplatelet agents:  Yes  No \_\_\_\_\_

Driver available for transportation:  Yes  No \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASA PHYSICAL STATUS CLASSIFICATION SYSTEM**

- 1. Healthy person.
- 2. Mild systemic disease.
- 3. Severe systemic disease.
- 4. Severe systemic disease that is a constant threat to life.
- 5. A moribund person who is not expected to survive without the operation.
- 6. A declared brain-dead person whose organs are being removed for donor purposes.

**MALLAMPATI SCORE: I II III IV**

- BMI CATEGORIES:**  
Underweight = < 18.5  
Normal weight = 18.5 - 24.9  
Overweight = 25-29.9  
Obesity = BMI of 30 or greater