

The Treatment of Varicocele by Excision 97

the sheath, about two inches in length, is required in cases of average severity, but if the testicle hangs very low, this will have to be increased. It is best to excise the veins through a comparatively short incision, and to enlarge this later, if necessary; if a long incision be made at once, the sheath is apt to become ill-defined and to be lacerated during the excision of the veins. The spermatic cord, with its closed and shortened sheath, is now returned to its natural position, and, after the superficial vessels have been secured, the wound is closed by a few silkworm-gut stitches.

Advantages of the Operation and Results.

In the first cases in which I employed this method, I left the ends of the ligatures long and knotted the ends together in the usual manner, completely closing the sheath around the approximated ends of the varicocele afterwards. I came to the conclusion, however, that it was desirable to remove several inches of the varicocele and that, when this was done, tying the ends of the stumps together was unnecessary and might even be harmful. Reconstruction and closure of the sheath, so as to prevent adhesions between the cord and the superficial tissues, is the essential part of the operation. The spermatic artery is, as a rule, removed with the dilated veins, which, as Sir Wm. H. Bennett has shown, is of importance in diminishing the pressure of blood going to the testis at the time when almost all the returning veins are suddenly obliterated.

The artery of the vas is uninjured and the nutrition of the testicle is not affected. It is chiefly on account of the close connection of the vas with the posterior part of the sheath that it is not advisable to attempt to remove a complete section of the sheath and to suture the two ends together; an attempt to do this might result in injury to this vessel or even to the vas itself. The vas is not disturbed during the operation and runs no risk of injury.

As the result of the closure of the sheath, the tender inflammatory nodule is either absent or but very slightly marked, while the testicle remains suspended in the scrotum in a normal manner with its mobility unimpaired.