# *SUMMARY AND CONCLUSION*

**Varicocele is undoubtedly incriminates as a cause of subfertility.**

The effect of testicular varricocele; and hence the effective results of its ablation, varies according to the original seminogram. Whether the original picture of the seminogram is the results of only the varicocele or in combination with other, yet, unknown factors is not clear, or it could be due to the duration which the physician is never sure of.

what is more puzzling is that some men have varicocele and yet have normal seminogram, and effect normal pregnancy.

It has been proved that the presence of varicocele on one side affects the function on the other side and this is possibly due to the presence of collateral veins which can not be seen or detected by the traditional operations.

A significant relattionship between the preopertive testicular volume and sperm density in varicocele patients has been found in this series. The higher the decrease in preoperative sperm denisty, the higher the loss of testicular volume.

Laparoscopic varicocelectomy undoubtedly having the advantage of detecting the collaterals and clipping them. This certainly explains the overall better results of laparoscopic varicocelectmy.

Bilateral varicocelectomy give superior results than unilateral varicocelectomy even if there is no apparent collaterals, and the

contralateral side is not clinically evident and hardly detected by Doppler examination which is, often all, a subjective test.

Varicocelectomy, in patients with sperm density less than ten millions in some cases give statistically better results but still less than ten millions. Those patients should always have preoperative sperum measurements of FSH and testosterone. If there is primary testicular failure, varicocelectomy is not indicated.

The best results of varicocelectomy is obtained when the preoperative sperm density is more than ten millions.

Laparoscopic varicocelectomy, should be considered superior to the classical approach because collateral veins are seen visually and clipped. The laparoscopic approach also allows for accurate identification of the anatomy; artery, vas, vein and collaterals, thus minimizing the risk of injury of these structures.

Bilateral laparoscopic varicocelectomy can be done through the same ports.

Morbidity of the laparroscopic procedure is less and the resumption to normal activity, is quicker than with the traditional approach.

From the previous study we conclude that : the technique of laparoscopic varicocelectomy essentially, involves a high ligation associated with decreased morbidity, and comparatively shorter hospital stay and recovery period. The magnification offered by the laparoscopic

approach enhances the anatomic advantage of this technique and provides better control of veins while avoiding injury to the arterial supply.