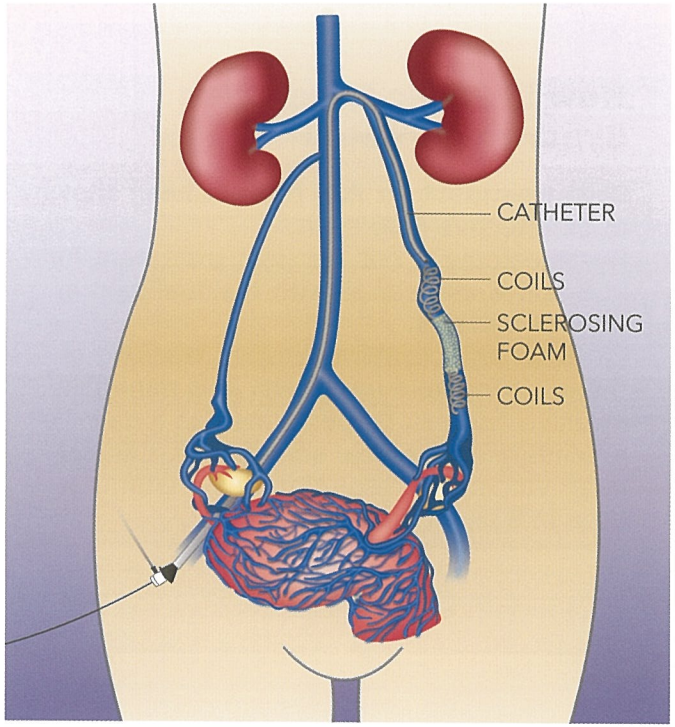
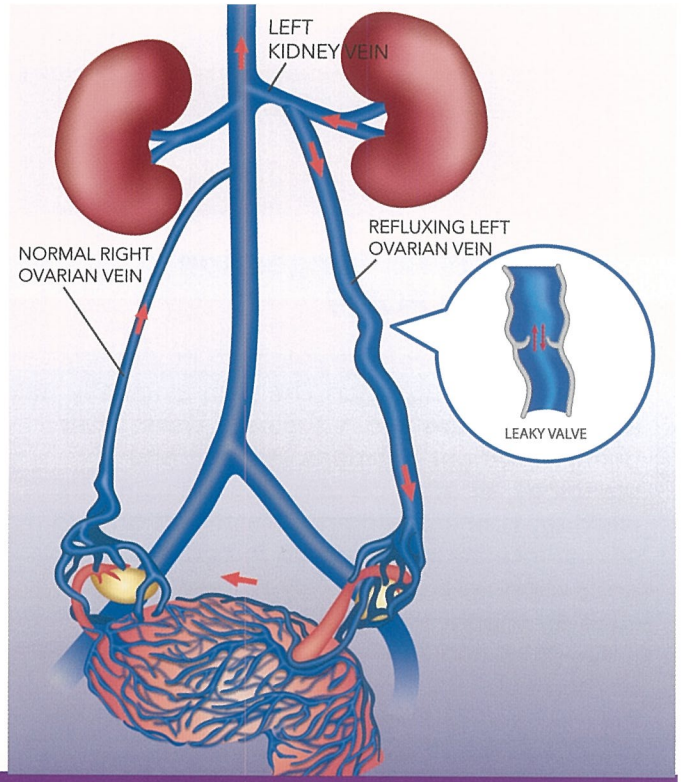


Are there any risks?

It is a very low risk procedure. Minor complications may occur, such as bruising at the entry site, back pain and pelvic pain. Vessel injuries and allergies to drugs given during procedure are rare. Loss of coils in the lungs is extremely rare.

When will I see the result?

Some women might notice improvement soon after embolisation; others might take a few weeks to see the result.
There could be more than one cause of pelvic pain. It is important that you come in for review and to discuss further management.



What happens after the procedure?

You will need bed rest for 1-2 hours until the sedation is worn off. You will need to arrange transport, as you are not allowed to drive for 24 hours after sedation. When you get home you should take it easy. Drink plenty of fluid. Some patients might experience back and pelvic pain after embolisation. This can be controlled with Panadol and Nurofen. Normal activities can be resumed the following day. Strenuous exercise should be avoided for a few days. The dressing should be kept for two days and removed afterwards. You may shower, as the dressing is waterproof. We will see you in a month for review.

Sydney Fibroid Clinic

Pelvic Congestion Syndrome

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Ovarian Vein Embolisation

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Patient information

By Dr Eisen Liang

What is Pelvic Congestion Syndrome (PCS)?

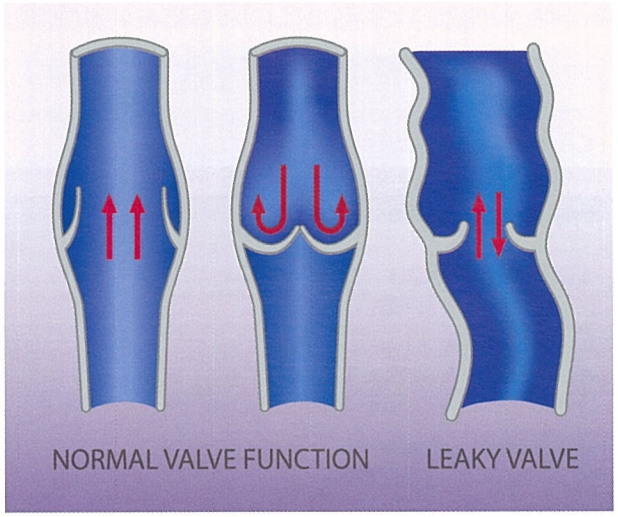
PCS refers to chronic pelvic pain in women with venous congestion.The pain is usually dull aching in nature and is typically worst after being in upright positions (sitting, and standing), or after certain activities such as walking, running, singing, weight lifting and sexual intercourse. Women in certain professions are more likely to be affected, such as shopkeepers, teachers, gym instructors and singers. The pain might radiate to the back and down the thighs. The pain may worsen premenstrually. Lying down might provide some relief.
Women with PCS often had multiple pregnancies. Varicose veins may also be present in legs and genital region.

What causes Pelvic Congestion Syndrome?

Normal venous valves ensure venous blood returns towards the heart in one direction. Defective or absent valves result in blood flowing in the reversed direction (reflux) causing congestion and raised venous pressure in the pelvis. Pooling of stagnant blood and stretching of veins produce pain. The left ovarian vein is the most likely refluxing vein causing PCS.

How is Pelvic Congestion Syndrome diagnosed?

PCS is an under-recognised cause of chronic pelvic pain, which can be caused by a variety of conditions. The diagnosis of PCS is often delayed when doctors were doing various tests to rule out more serious conditions such as infection, inflammation and cancer that might also cause pelvic pain. Depending on what other symptoms you might have, gynaecological examination, PAP smears and rectal examination might have been done by your doctor. Other investigations like colonoscopy and laparoscopy might have also been done. In PCS, these tests are usually negative. Scans like ultrasound and CT might have been reported as normal, unless signs of PCS were specifically looked for. Scans typically show dilated varicose veins in the pelvis and dilated ovarian vein along your back. The definitive test is a catheter venogram that is often performed in the same setting with embolisation treatment (see below).



How is Pelvic Congestion Syndrome treated?

Drug treatment for PCS has not been shown to be effective long term.
Hysterectomy is not the right treatment for PCS and is associated with residual pain in 33% of patients.
Catheter embolisation involves blocking of the refluxing vein internally. It is minimally invasive and can be performed as a day procedure under local anaesthetic. Clinical improvement or resolution of symptoms is seen in 83% of patients.

How is ovarian vein embolisation performed?

It is performed by an interventional radiologist in an angiography suite as a day procedure. A light sedation is given and the skin entry site is numbed using local anaesthetic. Either the jugular or femoral vein can be used for entry. A tiny nick is made in the skin and a catheter (thin hollow plastic tube) is inserted and positioned in the ovarian vein under X-ray guidance.
Venogram is performed by injecting contrast (X-ray dye) to show the veins and the direction of blood flow. Once reflux is confirmed, platinum coils are fed through the catheter to the block the vein. A sclerosing agent is injected to secure long term blockage of the refluxing veins. The procedure takes about an hour but can be longer if additional refluxing veins are found in the pelvis that also need to be treated.