



Pelvic Congestion Syndrome & Pelvic Vein Embolisation

This information sheet helps explain about pelvic congestion syndrome and the pelvic vein embolisation procedure, which is carried out in the Interventional Radiology department.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you for, or is performing, the procedure.

What is Pelvic Congestion Syndrome?

Pelvic congestion occurs when there is a backup of the blood in the veins around the ovaries and the pelvis, in the lower part of the abdomen (belly). These veins become enlarged or congested, called varicosities, which are similar to varicose veins in the legs. These generally lead to pain which is usually but not always on one side, and is made worse by walking, standing and is often relieved by lying down. Other symptoms include an ache during/after sex, pain during menstruation, frequent urination/urinary incontinence, and discomfort in the rectum (back passage).

Why do I need a pelvic vein embolisation?

Pelvic vein embolisation involves plugging of the faulty veins which should cause it to decrease in size and reduce the pressure, therefore relieving the symptoms. Current research has shown embolisation to be the best treatment and is the most likely to reduce pain when compared to alternative treatments.

Other options include:

- Taking medication for pain
- An operation to tie off the veins or to remove the uterus and the ovaries, however this is a much bigger procedure than embolisation.

How do I prepare for pelvic vein embolisation?

You may need to come to the hospital before the procedure to talk to one of the interventional radiologists, who are the doctors that carry out this procedure. You may also need to have blood tests and other tests before the procedure.

The procedure will be explained to you in more detail, and you can discuss any worries or questions. We will ask you to sign a consent form giving permission for the procedure to be carried out. However, you are able to ask further questions at any time or change your mind about continuing, even after signing the consent form.

You might need to stop some of your medication for a couple of days before the procedure, so make sure that you understand any instructions given, particularly if you take any blood-thinning medication. Also, please let us know if you have ever had any allergies or bad reactions to drugs or other tests.

You will need to fast (not eat or drink anything) on the day of the procedure and please bring any medicines, sprays or inhalers that you take regularly.

Who performs this procedure and where?

The procedure is carried out by an interventional radiologist, and happens in the interventional radiology suite, which looks like an operating theatre with extra x-ray machines. There will be other people in the suite to assist with the procedure including a radiographer and nurse.



How is pelvic vein embolisation performed?

You will be required to lie still on a flat and hard table for the procedure, which may take up to 1-2 hours. The procedure is usually carried out with local anaesthetic, in some cases you may be given sedation through a drip to make you feel relaxed and sleepy.

A plastic tube is inserted into the groin, the neck or sometimes both with guidance from ultrasound. Even with local anaesthetic it is normal to feel pressure sensations during insertion but there should be no pain. The tube allows injection of contrast (X-ray dye) into the blood vessels which allows the interventional radiologist to identify the target veins. Sometimes this contrast can cause a hot feeling or the sensation that you have passed urine.

After taking a number of pictures to ensure that everything is set up correctly, the interventional radiologist will insert special foam, liquid, coils or a combination of these into the vein which should cause it to block off - these will stay permanently in the vein. They will then take some more X-ray pictures before removing the plastic tube.

Normally there are no stitches required and you will have a small plaster applied to the puncture wound – we recommend keeping this dry for 2-3 days.

What are the potential risks and complications of pelvic vein embolisation?

This is a relatively safe procedure and most complications are minor. The most common issues are bruising or infection at the neck or groin site, as well as discomfort after the procedure, which can be managed with simple painkillers such as paracetamol.

The contrast can cause a reduction in kidney function, and rarely it can cause an allergic reaction. Make sure that you inform the radiology doctor if you have ever had either of these issues.

A rare, serious risk is non-target embolisation. This is where the coil or other material used moves position and can travel into the heart or into the vessels in the lungs. In addition, there is a risk of bleeding and making a hole in the vessel. All of these may require further procedures; however this would be discussed with you at the time if it was required.

The main risk is of recurrence of symptoms, which occurs in 10-40% of cases, and some people may require a repeat procedure.

What happens afterwards?

Pressure will be applied to the puncture site after removal of the plastic tube to minimise bruising. You will return to the recovery area and be monitored for a number of hours after the procedure to ensure you are fully recovered from any sedation and there is no bleeding from the neck or groin site.

If your observations are normal and you are feeling well, then you will go home that afternoon or evening. However, you should not drive home or travel on public transport, and we recommend that you organise for someone to stay with you for 24 hours after the procedure.

Any exercise requiring straining such as lifting weights, squats etc should be avoided for approximately six weeks after the procedure to prevent movement of any coils that have been placed. Please attend the emergency department if you develop any breathing problems.

Notes