



Patient information

Pelvic Vein Embolisation

What is Pelvic vein embolisation?

Pelvic vein embolisation is a minimally invasive treatment for pelvic congestion syndrome, also known as ovarian vein reflux. Pelvic congestion syndrome is a painful condition resulting from varicose veins in the pelvis. Pelvic vein embolisation treatment closes off faulty veins so they can no longer enlarge with blood, this relieving the pain.

Diagnosis of the condition is done through one of several methods including pelvic venography, magnetic resonance imaging and pelvic and transvaginal ultrasound.

Pelvic vein embolization may also be used to treat the following conditions:

- Vulval varicose veins
- Vaginal varicose veins
- Leg varicose veins arising from the pelvis

How does Pelvic vein embolisation work?

Using x-ray imaging Dr Faris inserts a catheter through the skin into the vein in the groin or neck and manipulates a catheter into the faulty veins that need treatment. When in the correct position, he will administer a combination of foam sclerotherapy and coils into the vein where it will remain permanently to close off the vein.

At the end of the procedure, the catheter will be removed and pressure will be applied to stop any bleeding. The opening in the skin is then covered with a dressing. No sutures are needed.

What will I experience during and after the procedure?

Pelvic vein embolisation is usually carried out under a local anesthetic in the interventional radiology suite.

If the procedure is performed under sedation, the intravenous (IV) sedative will make you feel relaxed and sleepy. You may or may not remain awake, depending on how deeply you are sedated.

Your heart rate and blood pressure will be monitored during the procedure.

You may feel slight pressure when the catheter is inserted, but no serious discomfort.

As the contrast substance passes through your body, you may get a warm feeling.

Most patients experience some mild side effects after embolisation. Pain is the most common side effect and can be controlled with pain relief medication administered either orally or through your IV.

The length of the procedure takes approximately 45 - 60 minutes.

You can expect to stay in bed for four to six hours after your procedure. You should be able to resume your normal activities within a week.

Who interprets the results and how do I get them?

Dr Faris can advise you as to whether the procedure was a technical success when it is completed.

In cases of bleeding, it may take 24 hours to know whether it has stopped. Any symptoms that have been due to the veins in the pelvis (aching, heaviness etc) should slowly improve.

It may take between one to three months after embolisation before it is clear whether symptoms have been controlled or eliminated.

Dr Faris may recommend a follow-up visit after your procedure or once treatment is complete.

During your follow-up visit, you may discuss with your doctor any changes or side effects you have experienced since your procedure or treatment.

Your GP will be informed of any treatment you receive.

What are the benefits?

- Embolisation is a highly effective way of blocking faulty veins
- Worldwide success rates of 85 percent and higher have been reported in women treated with embolisation.
- Embolisation is much less invasive than conventional open surgery. As a result, there are fewer complications and the hospital stay is relatively brief—most people are performed as a day case and are home the day of the procedure. Virtually no blood loss, and there is no obvious surgical incision.
- No surgical incision is needed—only a small nick in the skin that does not have to be stitched to close.

What are the Risks?

- There is a very slight risk of an allergic reaction if contrast substance is injected.
- Any procedure that involves placement of a catheter inside a blood vessel carries certain risks. These risks include damage to the blood vessel, bruising or bleeding at the puncture site, and infection.
- There is always a possibility that an embolic agent can lodge in the wrong place and deprive normal tissue of its oxygen supply.
- There is a risk of infection after embolisation, even if an antibiotic has been given.