



What is it?

Pelvic congestion syndrome (PCS) is a condition caused by varicose veins of the ovarian and pelvic veins, resulting in pooling of blood in the veins of the pelvis. This may cause pain in the pelvis and lower back that is usually worse during menstrual periods, after prolonged standing, or after intercourse. It is most commonly seen in women between the ages of 20-50 and in women who have been pregnant.

Who is it for?

Embolisation of the abnormal pelvic veins is performed to alleviate the painful symptoms of pelvic congestion syndrome, but can also be performed prior to treatment of varicose veins in the leg or vulva. Embolisation is a minimally invasive and effective way to treat abnormal ovarian veins, with no incision required.

How is it done?

Embolisation of the ovarian veins is usually done under sedation in an operating room with specialised medical imaging equipment.

Your interventional radiologist will use an ultrasound to guide a tube into the vein at either the base of the neck or groin crease. They will then pass a catheter (thin plastic tube) into the ovarian veins on each side.

The catheter will be passed down this vein into the pelvis where a combination of sclerosing agent and soft metal coils will be placed.

By blocking off these poorly functioning veins, the blood from the pelvis is directed into normally functioning veins, thereby reducing the symptoms of the pelvic congestion syndrome.

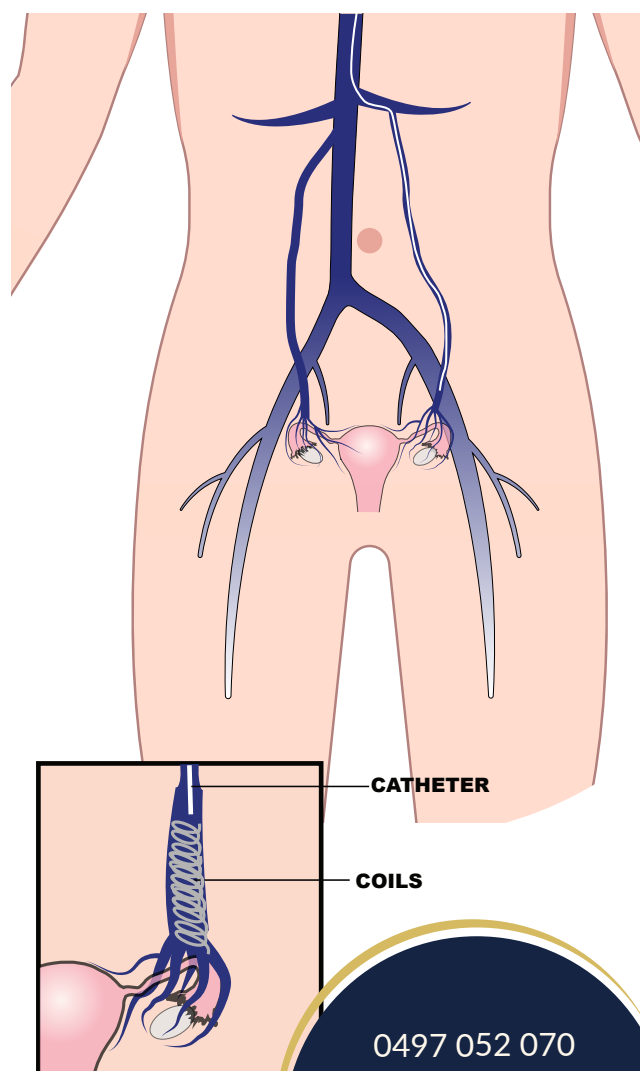
What are the risks?

There is a small risk of bleeding, infection, coil displacement, pain lasting more than usual, or recurrence of the abnormal veins.

Your interventional radiologist will discuss these risks with you before your operation.

Follow up

You will receive a phone call from our nurse a few days after your operation. You will also be scheduled for follow up appointment in clinic about 4-6 weeks afterwards.



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