University Hospitals Dorset
NHS Foundation Trust

Pelvic vein embolisation

Radiology Department Patient information

What is pelvic vein embolisation?

Pelvic vein embolisation is a minimally invasive treatment for Pelvic Congestion Syndrome. Pelvic Congestion Syndrome is a term describing symptoms related to pelvic varicose veins. These dilated veins are similar to varicose veins in the legs but occur deep in the pelvis. The pelvic varicose veins occur because of faulty valves that allow blood to flow backwards and pool in the vein then causing pressure and bulging of the veins.

Why do I need pelvic vein embolisation?

The symptoms of pelvic congestion syndrome can vary from a dull aching or dragging sensation which may be worse on standing for long periods or towards the end of the day to more severe discomfort, backache, painful intercourse and painful menstruation. Pelvic vein embolisation is used to close off the faulty veins so that they can no longer enlarge with blood, and reduce pain and other symptoms.

Pelvic vein embolisation may not be a complete cure but the procedure has good success rates with 65% - 75% of women who have had the procedure experience either significant reduction, or complete resolution of their pain-related symptoms.

Who will be performing the pelvic vein embolisation, and where?

The pelvic vein embolisation is done in the X-ray department by a specially trained doctor called an Interventional Radiologist. Radiologists have expertise in using x-ray equipment, and also in interpreting the images produced. The radiologist will look at these images while carrying out the procedure.

What will happen on my procedure day?

You will be admitted onto one of the hospital wards as a day-case patient. You will be asked to put on a hospital gown. You will be brought to the special procedure room in the X-ray department on your bed.

After the procedure, you will be transferred back to the hospital ward where you were admitted to at the start of the day for the remainder of your recovery period. Most patients are usually able to go home later on the same day after their procedure. Occasionally, if a longer recovery period is required, you may be kept in hospital overnight.

What hospital staff might I meet?

There will be nursing staff on the ward that you are admitted to that will look after you before and after your procedure. In the special procedure room in the X-ray department you will see the Interventional Radiologist who will perform the procedure. The Radiologist will be helped by Radiographers and X-ray nurses. Radiographers are specially trained to work the X-ray machines. The X-ray nurses help the Radiologist with the equipment needed for the procedure.

What actually happens during pelvic vein embolisation?

You will be asked to lie on your back on an x-ray table. The skin around the base of the neck will be cleaned with antiseptic and sheets placed around the area to keep everything clean. You will have monitoring devices attached to your arm and finger - this is routine practice.

The skin and deeper tissues over the vein at the base of your neck will then be anaesthetised with local anaesthetic. As local anaesthetic is injected it will sting initially, but this soon passes. Using an ultrasound machine to help see the blood vessels, the Interventional Radiologist will insert a needle into the vein. Once this is in the correct position, a guide wire is placed through the needle, and into the vein. The needle is withdrawn allowing a fine plastic tube, called a catheter, to be placed over the wire and into the vein.

The Interventional Radiologist uses the x-ray equipment to make sure that the catheter and the guide wire are moved into the right position. The Interventional Radiologist can then block the abnormal veins, either by injecting a special fluid down the catheter, or passing down small metal coils. These metal coils are like small springs, and cause the blood around them to clot, and consequently block the vein.

The Interventional Radiologist will inject small amounts of special X-ray dye, called contrast medium, down the catheter, to check that the abnormal veins are being blocked satisfactorily. There are a number of veins within the pelvis that may require treatment. Occasionally, not all veins can be treated at the same time and you may need to come back at a later date for a further procedure.

Once the veins are blocked completely, the catheter will be removed. The radiologist will then press firmly on the skin entry point for several minutes, to prevent any bleeding.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon passes, and the skin and deeper tissues should then feel numb. You will be awake during the procedure, and able to tell the radiologist if you feel any pain, or become uncomfortable in any other way. It is usual for patients to experience pelvic cramps for a few days after pelvic vein embolisation. These symptoms improve after the first 24 hours and can usually be controlled with over-the-counter pain relief. Most patients will recover from the effects of the procedure within one to two weeks, and will be able to return to their normal activities.

How long will it take?

Every patient’s situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Generally, the procedure itself will take between 60 - 90 minutes. You may be in the x-ray department for a short time after your procedure has finished whilst the nursing staff complete routine observations of your blood pressure and pulse.

What happens afterwards?

You will be taken back to your ward on your bed. Nurses on the ward will continue to carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no untoward effects. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for a few hours, until you have recovered. You may be allowed home on the same day, or kept in hospital overnight. You should arrange for someone to collect you and accompany you home - you should not drive yourself.

Strenuous activities such as heavy lifting should be avoided for one week after pelvic vein embolisation. Driving should also be avoided for one week after the procedure and it is advisable you contact your insurance company to inform them of the procedure you have had.

What are the risks or complications?

Pelvic vein embolisation is a very safe procedure, but there are some risks and complications that can arise. There may occasionally be a small bruise, called a haematoma, around the site where the needle has been inserted, and this is quite normal. If this becomes a large bruise, then there is the risk of it getting infected, and this may then require treatment with antibiotics.

Very rarely, the metal coils used to block the abnormal veins can lodge in the wrong position or move slightly at a later date. If this happens during the procedure, the coil can usually be repositioned.

X-rays are used during this procedure. The doses used are carefully monitored but if there is any chance that you are, or think you may be pregnant, this procedure may not be suitable. For this reason, we try to perform the procedure within 10 days of the first day of your last period. On the day of your admission to hospital, a pregnancy test may also be requested.

The X-ray dye used can occasionally cause allergic reactions: if you have had previous problems with X-ray dye, please let the Interventional Radiologist doing the procedure know.

Very rarely, some damage can be caused to the vein by the catheter, and this may need to be treated by surgery or another radiological procedure.

Despite these possible complications, the procedure is normally very safe, and is frequently carried out with no significant side-effects at all.

What are the alternatives to pelvic vein embolisation?

The alternative treatment to pelvic vein embolisation is laparoscopic surgery.

Will I receive any follow up?

You will have an Outpatient follow up appointment with the Interventional Radiologist after your procedure. This may involve you having further scans to assess the effects of your procedure. The date for this appointment will be sent out to you in a letter.

If you have any further questions, please telephone us on **0300 019 4107**.

Useful phone numbers

Royal Bournemouth Hospital switchboard: **0300 019 3626**

Radiology Appointments: **0300 019 4286**

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