Pelvic Congestion Syndrome and Pelvic Vein Embolisation Interventional Radiology

This leaflet provides information about the procedure, what to expect on the day, the potential risks and important information for afterwards.

Prior to the procedure, you may have a pre-assessment or telephone consultation, where you will have the opportunity to ask further questions.

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 or with the doctor who will be performing the procedure.

What is Pelvic Congestion Syndrome?

Pelvic congestion syndrome occurs when veins in the pelvis, particularly around the ovaries, become enlarged due to poor blood flow. This causes blood to pool in the veins, leading to swelling (varicosities), similar to varicose veins in the legs. This can cause chronic pelvic pain, often worse when standing, walking, or during menstruation and sometimes relieved by lying down. Other symptoms may include pelvic heaviness or aching, pain during or after sexual intercourse, lower back discomfort, urinary urgency or frequency and rectal discomfort.

Why do I need a pelvic vein embolisation?

Pelvic vein embolisation is performed to block the abnormal veins causing your symptoms. This reduces pressure in the veins and improves blood flow through normal pathways.

It is a minimally invasive alternative to surgery, and many patients experience significant improvement in symptoms.

Tel: 01932 723470 **Email:** asp-tr.ir-referrals@nhs.net

How do I prepare for pelvic vein embolisation?

You will have a pre-assessment telephone consultation with a nurse before your admission and may be asked to have blood tests before the procedure.

You should stop eating 6 hours prior the procedure, however you can drink 1 cup of clear water per hour until the procedure starts.

As it's a day case procedure, you need to arrange for an adult to collect you from the department and someone to stay with you overnight.

The procedure will take place in the Interventional Radiology (IR), within the Radiology Department at St. Peter's Hospital. When you arrive, you will be given a hospital gown to change into, and a staff will insert an IV cannula.

The doctor will discuss the procedure with you; answer any questions you may have and ask you to sign the consent form if you are happy to proceed.

The procedure will likely be performed under local anaesthetic. Intravenous pain relief and light sedation may also be given, to ensure you are as comfortable as possible.

If you are feeling unwell closer to the day of the procedure, please let the team know.

How is pelvic vein embolisation performed?

Pelvic vein embolisation is most often undergone as an awake, day case procedure.

You will lie on an X-ray table. The skin over the groin or neck is cleaned and numbed with local anaesthetic.

A small tube (catheter) is inserted into a vein using ultrasound guidance. X-ray dye is injected to identify the abnormal veins.

Small coils, medical glue, foam, or a combination are placed into the abnormal veins to block them. These remain permanently in place.

The catheter is removed, and a dressing is applied.

The procedure usually takes **60 - 120 minutes**.

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

Pelvic vein embolisation is a safe procedure, but as with all procedures, complications can occur.

Pain or pelvic discomfort

- Occurs in **20-40% of patients**
- Usually mild to moderate and improves within a few days
- Managed with simple pain relief

Bruising or bleeding at the puncture site

- Occurs in **5-10% of patients**
- Usually minor and resolves without treatment
- Significant bleeding is uncommon (<1%)

Post-embolisation syndrome

- Occurs in approximately **10-20% of patients**
- Symptoms may include pelvic pain, low-grade fever, fatigue, or nausea
- Usually settles within a few days to one week

Infection

- Occurs in **less than 1% of patients**
- May require antibiotics

Allergic reaction or kidney effects from contrast dye

- Rare (<1%)
- Risk is higher in patients with kidney disease or previous contrast allergy

Non-target embolisation

- Very rare (<1%)
- Occurs if embolisation material moves to another vessel and may require further treatment

Damage to the vein

- Rare (<1%)
- May require additional treatment

Persistence or recurrence of symptoms

- Occurs in approximately **10-40% of patients**
- Some patients may require repeat embolisation or alternative treatment

Radiation exposure

- This procedure uses X-rays. The radiation dose is kept as low as possible, and the risk of long-term harm is very small.

What happens afterwards?

Pressure will be applied to the puncture site after removal of the plastic tube to minimise bruising.

After the procedure:

- You will be monitored for 2–4 hours, may depend on sedation
- Your blood pressure, pulse, and puncture site will be checked regularly
- Most patients go home the same day

For the first 24 hours:

- Do not drive
- Have someone stay with you overnight

For 5–7 days:

- Avoid heavy lifting and strenuous exercise

Most patients return to normal activities within a few days.

When should I seek urgent medical advice?

Seek medical attention if you develop:

- Severe or worsening pelvic pain
- Increasing swelling or bleeding at the puncture site
- Fever or chills
- Chest pain or shortness of breath

Follow-up

A member of the Interventional Radiology team will contact you within approximately 2 weeks to assess your recovery and answer any questions you may have. Your referring consultant will arrange follow-up and discuss your progress.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Interventional Radiology

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You can use Text Relay to turn telephone communications into text. Use the Relay UK app on your phone, tablet or PC. You can also use Relay UK via Minicom or Uniphone.

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ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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