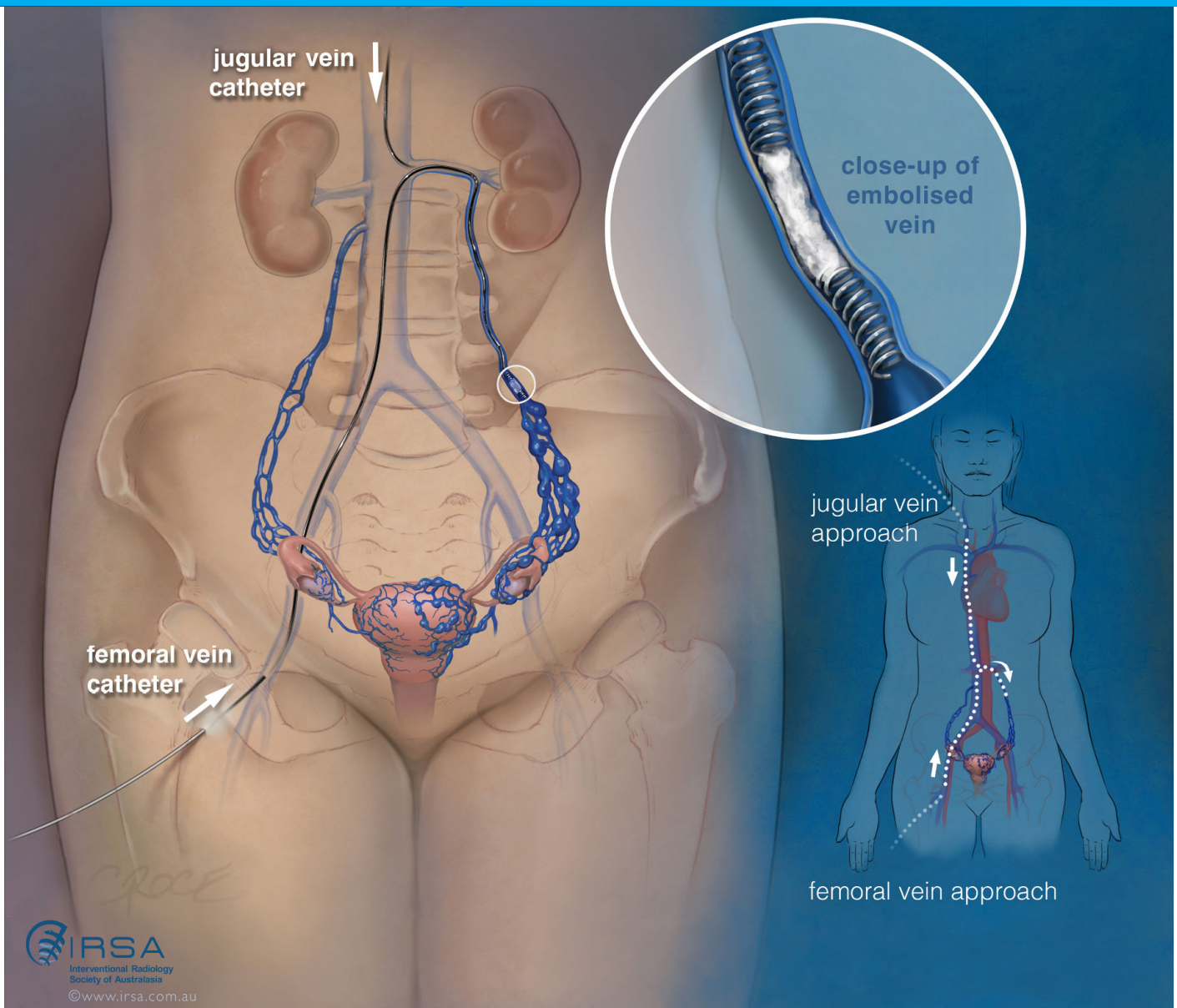


OVARIAN VEIN EMBOLISATION



1. WHAT IS OVARIAN VEIN EMBOLISATION?

Ovarian vein embolisation is a minimally invasive treatment that is used to close off faulty veins so they can no longer enlarge with blood, thus relieving the pain caused by congestion.

2. WHY WOULD MY DOCTOR REFER ME TO HAVE THIS PROCEDURE?

If you are diagnosed with pelvic congestion syndrome, you will be referred for a minimally invasive, image-guided procedure that can treat the affected veins. This is called Ovarian Vein Embolisation.

3. HOW DO I PREPARE FOR THE PROCEDURE?

You are advised not to eat or drink for 6 hours before the procedure. However, you may take other routine medications with sips of water.

You may be advised to stop taking blood thinners prior to the procedure. Your doctor will provide other specific advice prior to your procedure.

4. WHAT HAPPENS DURING THE PROCEDURE?

A fine needle is used to numb an area near the vein in your upper thigh or neck. Once the vein is numb, the procedure is performed through a thin plastic tube called a catheter (similar size to a piece of spaghetti) which is threaded into the vein and then directed painlessly under x-ray guidance to the pelvic veins. Images show whether the vein valves are malfunctioning or not.

If they are malfunctioning, the pelvic varicose veins are treated to stop the abnormal flow. Normally platinum metallic coils are placed into the ovarian veins to block any abnormal flow and the varicose veins themselves are often then treated with a chemical designed to shut down veins (Fibroven). Sometimes other malfunctioning veins will need to be located and closed.

The procedure generally takes between 1-2 hours.

5. WHAT IS THE RECOVERY NORMALLY LIKE?

After the procedure, you will be observed in hospital and will rest in bed for a few hours and will be able to go home later that day.

You cannot drive for 24 hours following the procedure and it is best to avoid strenuous exercise and activity for two days after the procedure.

The dressing can be removed two days after the procedure.

You may experience a temporary flare up of your typical pelvic discomfort in the days following the procedure, whilst the veins are reacting to the treatment and eventually shrinking away. Any discomfort is typically managed with over-the-counter painkillers like paracetamol or anti-inflammatories like ibuprofen. Any pain associated with the procedure will resolve within ten days.

6. WHAT ARE THE RISKS?

The main risks are a bruise in the groin, some backache and pelvic ache, which will all ease over time.

Uncommon risks include drug allergies and vascular injury including bleeding.

Very rarely, the blocking coils can float from the ovarian vein to the lung, wherein the few cases where they cannot be retrieved, they may cause transient cough or chest pain. Such coils are often placed in the lungs and even the brain deliberately to treat other conditions so serious harm rarely occurs.

7. WHAT ARE THE BENEFITS?

Ovarian vein embolisation is successful in treating pelvic congestion syndrome in 83% of women affected. This success rate is the same as surgery where the ovarian veins are tied off, but surgery is a major operation with additional pain, risks and recovery time needed.

The key to achieving these good results is ensuring that the varicose veins are the only cause of pelvic pain and that other problems, like infection or endometriosis are not the problem.

8. HOW LONG DOES IT TAKE TO RESPOND TO THE PROCEDURE?

You may experience some mild discomfort in the flank and pelvis in the following week. The following menstrual cycle may also be uncomfortable as there will be some re-adjustment of the flow dynamics in the veins. Some women may experience improvement after a few weeks, but it can take up to 6 months for the full benefits to be felt.