

Treating pelvic congestion syndrome (PCS) with ovarian vein embolisation

Department of Radiology

Information for Patients

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Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at.

This leaflet tells you about your examination. Please read it carefully as it has important information about what is involved and what the possible risks are.

We will also ask you to come to an Interventional Radiology Pre-assessment clinic. At the pre-assessment clinic, a doctor who specialises in radiology treatments (interventional radiology consultant) will talk you in more detail about this procedure.

What is ovarian vein embolisation?

Ovarian vein embolisation is a procedure to diagnose and treat 'pelvic congestion syndrome' (PCS). Tests have shown that veins in your lower tummy (or pelvis) are abnormal. They may be larger than usual and not working as they should, which can cause pain, discomfort and bloating.

- A thin tube (catheter) is used to put tiny metal coils in the abnormal veins. X-rays are used so the doctor can see where to put the coils.
- The coils help to block the vein so blood will no longer be able to pass through. Your blood will pass through other veins nearby instead. This aims to make your symptoms better and reduce your pain.
- The procedure will not affect your fertility or sexual function.
- The coils stay in place for the rest of your life but are very small. You will not notice they are there.
- It is important to tell a member of radiology staff that these coils are in place before you have any future investigations in a Radiology Department.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

About 7 in 10 women (70%) who have this procedure experience improvement in their symptoms. Symptoms can come back. This happens in about 1 in 10 patients (10%) .

Important information about blood thinners

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it or take a different one for a few days.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), edoxaban (Lixiana), ticagrelor (Brilinta), dalteparin, enoxaparin and heparin.

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure. Please inform the Radiology doctor you speak to at pre-assessment clinic that you are on this medicine.

How do I get ready for the procedure?

Ovarian vein embolisation is done as a day-case procedure. This means you go home the same day. You should follow the information sent to you about the appointment. You will be in hospital for about 4 hours.

Eating and drinking instructions on the day of your appointment:

- please have a **light breakfast before 6am**, (cereal or toast with a cup of tea or coffee).
- **do not eat after 6am**. It is important that you **continue to drink water until 2 hours before** your appointment time.
- **Stop drinking 2 hours** before your appointment.

Other important instructions:

- **Have a bath/shower in the morning or the night before** your appointment.
- **Take all of your usual morning medicines** (apart from your blood-thinners if you have been told to stop these) and bring all your usual medication with you.

Please tell the X-ray staff when you arrive if:

- **You are allergic to iodine or latex**, have any other allergies or have asthma.
- **You have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast)**. This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- **You are on kidney dialysis or have any problems with your kidneys**.
- **You have diabetes**.
- **There is any chance that you may be pregnant**.

Before the procedure you will be asked to put on a hospital gown and disposable pants.

What happens during the procedure?

- The procedure is done in the Radiology Department. We ask you to lie down on the X-ray table flat on your back, or nearly flat.
- Everything will be kept clean (sterile). We will clean your skin with antiseptic. This may feel cold. You will have some of your body covered with sterile sheets.
- There are 2 ways to get to your ovarian veins. These are either from the vein at the base of your neck or the vein at the top of your thigh (groin). The doctor will talk to you about which approach is best for you on the day.
- We will numb the skin over a vein over your groin or at the base of your neck with local anaesthetic. When the local anaesthetic is injected it will sting to start with. The skin and deeper tissues should then feel numb.
- We may give you a sedative to help you feel relaxed and help with anxiety. The sedative will make you feel drowsy but you will still be awake. The doctor or nurse will talk to you about this if it is needed.
- We will put a small needle into the vein in your groin or base of your neck. We will then put in a thin tube (catheter) and push it to your ovarian vein using a soft wire to guide it. You will not feel this.
- We will inject a colourless liquid that shows up on X-rays (contrast liquid) through the catheter. The contrast can give you a warm feeling in your body for a few seconds.
- We will take X-rays to find the vein or veins thought to be causing your problems.
- At times, we may ask you to hold your breath and 'bear down' as if you are trying to go to the toilet. This will help the doctor to do the procedure.
- When the catheter is in the right position, we will inject a medicine to the abnormal veins. This medicine irritates the lining of the veins and makes them stick together. We then inject tiny metal coils into the vein. These will also help to block the veins.
- You may feel some discomfort when the medicine and coils have been inserted. There will be a nurse looking after you. If the procedure does become uncomfortable please tell them. They can give you painkillers if needed.
- We will take the catheter out when the procedure is done. We will then press firmly on the skin entry point for a few minutes to stop any bleeding.

Who will be doing the procedure?

- A doctor who specialises in imaging and X-ray treatments (an interventional radiologist) will do the procedure.
- A radiographer will move and control the special X-ray equipment.
- A nurse and maybe a healthcare assistant will work with the radiologist and care for you.
- A student may also be in the room. This is because we are a teaching hospital. If you do not want this, you can ask that a student is not in the room when you have your procedure.

How long will it take?

Every patient's situation is different. It is not always easy to know how complex or how straightforward the procedure will be. Your procedure may be done in 30 minutes but sometimes it can take longer than 60 minutes.

What happens after the procedure and when I go home?

Nurses will carry out routine checks such as taking your pulse and blood pressure. This is to make sure that there are no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will be asked to rest for about 1 hour in the Radiology Department.

The nurse will talk to you about your care after the procedure. This includes how to look after yourself at home.

You must organise someone to collect you after the procedure as you must not drive yourself home. You should relax and take it easy for the rest of the day.

You can eat and drink normally after 2 hours as long as you are fully recovered from any sedative if this has been used.

Checking your wound site

Your skin where the catheter went in should heal very quickly. It does not usually need a dressing. If a dressing has been put on your groin or neck where the catheter went in, you should try to keep the dressing dry. You can take it off after 24 hours and can then have a shower.

You should expect to have some bruising and tenderness. This should disappear after a few days.

If you had sedation please follow the advice below:

For 12 hours:

- you must have a responsible adult with you

For 24 hours:

- you should have 24 hours off work.
- you should not be responsible for dependent children or adults in your care. You should have another adult with you for them.
- you may still feel sick after the sedation. Avoid large meals.
- do not drink alcohol.
- do not use any machinery or sharp tools
- do not climb ladders or do anything needing skill or judgement.
- do not make important decisions or sign any documents.
- do not drive a car (vehicle) or ride a bicycle.

For 3 days:

- do not lift heavy items or do any strenuous exercise. If your job involves this, you should ask for light duties.

Are there any risks or complications?

As with any procedure or operation complications are possible. We have included the most common risks and complications in this leaflet. The possibility of these complications occurring will vary for each patient. We will talk to you about the chance of these complications happening to you before you sign the consent form.

- Bruising** - Some bruising and tenderness is to be expected around the site where the catheter has been inserted. If the catheter goes into an artery next to the vein in your groin during the procedure this may increase the risk or amount of bruising.
- Bleeding from the wound or bleeding inside** - you may get blood coming from the wound site or bleeding can happen under the skin and cause a hard swelling. If bleeding happens you must get someone to help you to press down in the wound site. They should press firmly for 5 minutes. If this does not stop the bleeding, keep pressing down on it yourself while the person with you contacts your doctor or the NHS helpline on 111. They will advise you what to do.
- Pain** - if you have any pain you can take your usual painkiller. This is OK if your usual painkiller is paracetamol or ibuprofen, but if your usual painkiller is aspirin it is recommended that you use something else. If your usual painkiller does not help, you can speak to a pharmacist or contact your GP.
- Reaction to contrast liquid** - Some patients may be allergic to the contrast liquid. You may have symptoms such as feeling or being sick (nausea or vomiting), or a rash. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you develop symptoms at home you should contact your GP or call 111.
- Coils could move inside your body** - Sometimes a coil may become dislodged and could make its way to veins in the lung. This happens rarely. It does not usually cause any problems.
- Infection** - Serious complications such as infection and risk to the ovary itself are very rare.
- No improvement in symptoms:** this happens in about 3 in 10 patients (30%).
- Recurrence of symptoms:** this happens in about 1 in 10 patients (10%).

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will confirm that you understand why the procedure is being done, the potential risks and the chances of success.

You will sign a consent form to confirm this. This might be either in paper form or electronic form.

You should feel that you have had enough explanation before you sign the consent form.

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

What are the risks from exposure to radiation in this procedure?

The main risk from exposure to X-rays is a higher risk of getting a cancer in the future. This risk is thought to be very small.

We are all exposed to natural background radiation every day of our lives. This comes from the sun, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child so we must ask patients aged 10 to 55 years about their periods and possibility of being pregnant.

The benefits of having this procedure are likely to outweigh any possible risks. The risks of not having the test could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?

If you have any questions or concerns, or cannot make your appointment, please call the Radiology Department on **0116 258 8765 (option 7)**, Monday to Friday 9am to 5pm, but not on bank holidays.

After the procedure you can contact your GP for advice, or call the NHS helpline on 111.



اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

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