

## Patient information factsheet

# Pelvic vein embolisation

We have given you this factsheet because your doctor has referred you for a procedure called pelvic vein embolisation. It explains what pelvic vein embolisation is, what the procedure involves and what the possible risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

### What is pelvic vein congestion syndrome?

Pelvic vein congestion syndrome is a condition where a collection of faulty veins (veins where the blood does not flow properly) in the pelvis become enlarged (similar to varicose veins in the leg). This causes blood to gather in the pelvic area which can then cause pain in the lower abdomen (tummy).

### What is pelvic vein embolisation?

Pelvic vein embolisation is a minimally invasive procedure used to treat pelvic vein congestion syndrome. It involves using small coils (similar to a spring) and a special liquid called 'sclerosant foam' to block off the faulty veins. This causes the veins to shrink and after about six weeks, new healthy veins will then develop.

Pelvic vein embolisation is a day case procedure. This means that you will come into hospital for your procedure and then go home on the same day.

### Why do I need this procedure?

Your doctor has recommended that you have pelvic vein embolisation because your recent test and/or scan results show that your symptoms are being caused by pelvic vein congestion.

Your symptoms may include:

- chronic pain around your pelvis and lower tummy
- a feeling of heaviness in your pelvis
- painful sexual intercourse

After a discussion with an interventional radiologist (a specialist doctor who performs embolisation procedures), your doctor believes pelvic vein embolisation is the best treatment option for you.

### What are the benefits?

Multiple studies have shown that most women (80%) experience a reduction in symptoms after having pelvic vein embolisation.

## Are there any alternatives?

If you decide that you do not want pelvic vein embolisation, your doctor will be happy to discuss the alternative treatment options with you and explain the benefits and risks of each, so that you can make an informed decision.

## How do I prepare for the procedure?

We will arrange a pre-assessment appointment for you before your procedure. This will usually be a telephone appointment. At this appointment, we will give you more information about how to prepare for your procedure and answer any questions you may have. We have included the information below as a helpful reminder.

## Eating and drinking

You must not eat or drink anything for 6 hours before your admission, except for water, which you may drink until 2 hours before.

## Medication

You may continue taking your usual medication on the morning of the procedure unless you are taking any blood-thinning medications.

**If you are taking any blood-thinning medications**, it's important that you tell us this at your pre-assessment appointment because blood-thinning medications can increase your risk of bleeding during the procedure. If you do not tell us that you are taking blood-thinning medication(s) before your procedure, we may have to cancel your procedure on the day.

## Pregnancy

This procedure could be harmful to an unborn baby. For this reason, if you know or think you may be pregnant, or are currently breastfeeding, telephone us for advice as soon as you receive your appointment letter.

Please note that if you are of childbearing capacity, we will arrange for you to take a pregnancy test on the day of your procedure to ensure you are not pregnant.

## Consent

You will have a clinic appointment with an interventional radiologist before your procedure. At this appointment, the interventional radiologist will explain what will happen during your procedure and will answer any questions you may have. If you are happy to go ahead with the procedure, we will ask you to sign a consent form giving your permission.

## What will happen during the procedure?

The procedure will be performed by an interventional radiologist in the radiology x-ray department.

We will ask you to lie flat on your back on the x-ray table before attaching a monitoring device to your chest and finger.

If needed, we will give you a sedative injection via a cannula (a small plastic tube placed into a vein in your hand or arm) at the beginning of the procedure to help relax you. If we do give you a sedative injection, we will wait for this to take effect before we start the procedure.

If you need extra oxygen during the procedure, we will give this to you by placing small tubes in your nose.

# Patient information factsheet

We will clean an area on your neck with antiseptic. We will then cover the rest of your body with a theatre drape. We will inject some local anaesthetic (medicine that numbs a specific area of the body) into the skin on your neck. This may sting briefly before going numb. Once the area is numb, we will insert a small needle into a vein in your neck.

Once we are satisfied that the needle is in the correct position, we will place a guide wire through the needle into your vein. We will then withdraw the needle, allowing us to place a fine, plastic tube (catheter) over the wire and into your vein.

We will then use x-ray equipment to move the catheter and wire into the abnormal veins in your pelvis. We will inject a special x-ray dye, called 'contrast medium', into the catheter and into these veins. You may feel a hot, unpleasant sensation in your pelvis as this is done, but this will quickly pass.

Once we have identified the correct veins and correctly placed the equipment, we will place tiny coils and/or sclerosant foam into the veins to block them completely.

At the end of the procedure, we will remove the catheter and apply pressure to your neck for several minutes to prevent any bleeding. This will also help to close the hole that has been made.

## Will it hurt?

The procedure can be painful. We can give you pain relief medication via the cannula in your arm, if needed.

## How long will it take?

Pelvic vein embolisations usually take around 30 minutes. However, if the procedure is a little more complicated than expected, it can take up to an hour. As a guide, expect to be in the x-ray department for about two to four hours in total.

## What will happen after the procedure?

We will take you to the radiology day case unit to recover. A nurse will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. They will also assess your pain levels and check the skin on your neck for any bleeding.

You will need to stay in bed for at least two hours (or until you have recovered).

You will be allowed to go home once you:

- have had something to eat,
- have passed urine (had a wee), and
- are able to move around safely.

If you have had sedation, you **must** have a responsible adult to take you home and stay with you overnight.

For 24 hours after being sedated you must not:

- drive
- drink alcohol
- operate machinery
- sign important documents

## Are there any risks or complications?

Pelvic vein embolisation is a safe procedure, but as with any medical procedure, there are some potential risks and complications.

## Exposure to radiation

For your procedure, we need to use x-rays (a type of radiation used to see inside your body). Exposure to radiation can slightly increase a person's lifetime cancer risk, but for this procedure, the risk is very low. Your doctor has recommended that the benefit to you from the procedure outweighs the low risk from the radiation. You will not be exposed to any more x-ray radiation than is absolutely necessary.

## Haematoma

It is normal to experience a small bruise (haematoma) around the site where the needle has been inserted. If this becomes a large bruise, contact your specialist nurse as there is a risk of infection and you may need treatment.

## Recurrence of symptoms

There is a very small possibility that your symptoms may not improve after having the procedure. Some people may also find that their symptoms reappear at a later date as new veins become faulty (recurrence of pelvic vein congestion). If this is the case, we may need to repeat the procedure or perform an operation.

## Damage to other organs

Our interventional radiologists have a lot of experience and training in blocking off blood vessels. They are very careful when placing the materials (coils and sclerosant foam) used to block blood vessels. Although extremely rare, there is a potential risk that these materials can go elsewhere in your body, rather than the correct blood vessels, and cause damage to your other organs.

## Recovering at home

After you return home, you will need to rest for three to four days.

You may feel some pain in your pelvis and in your lower back for up to a week after the procedure. This is normal and can be managed by taking over-the-counter pain relief medication, such as paracetamol. Always read the label or instructions before taking any medication.

You must not do any heavy lifting for seven to ten days after your procedure.

## Follow-up care

We will arrange an ultrasound scan (a procedure that uses high-frequency sound waves to create an image of part of the inside of the body) and a follow-up clinic appointment with the interventional radiologist two months after your procedure.

# Patient information factsheet

## Contact us

If you have any further questions or concerns, please contact us.

Interventional radiology clinical nurse specialist team

Telephone: **023 8120 1329** (Monday to Friday, 8am to 5.30pm)

If you have any medical concerns outside of these hours, contact your general practitioner (GP) or call NHS **111**.

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

Join our family of charity supporters with a monthly donation! It's a wonderful way to show your ongoing support of our patients and staff.

Scan the QR code or visit **southamptonhospitalscharity.org/donate**



**Southampton  
Hospitals  
Charity**

Charity Registration Numbers 1051543

