

## What happens after the procedure?

You will be taken to the recovery room where you will be monitored and stay for four hours. Your family will be able to accompany you to the recovery room and you will be given discharge instructions before you leave. After the procedure some patients may experience a varying degree of cramping that is similar to menstrual cramps.



## Pelvic Congestion Syndrome



*A member of Mercy Health Network*

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7500-166 Pelvic Embolization brochure



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## Registration

Please check in an hour and a half prior to your appointment time. Please bring a list of your current medications along with your personal identification card. You will go directly to the Medical Imaging Department located on the 1st floor to check in. Following check-in, you will be taken back to the Radiology Prep Area.

## What is Pelvic Congestion Syndrome?

The causes of chronic pelvic pain are varied, but are often associated with the presence of ovarian and pelvic varicose veins. Pelvic congestion syndrome is similar to varicose veins in the legs. In both cases, the valves in the veins that help return blood to the heart against gravity become weakened and don't close properly. This allows blood to flow backwards and pool in the vein, causing pressure and bulging veins. In the pelvis varicose veins can cause pain and affect the uterus, ovaries and vulva. Up to 15 percent of women – generally between the ages of 20 and 50 – have varicose veins in the pelvis, although not all experience symptoms.

## What happens during the procedure?

Once a diagnosis is made, if the patient is symptomatic, an embolization may be done. Embolization is a minimally invasive procedure performed by interventional radiologists using imaging for guidance.

Prior to the start of the procedure, you will change into a gown, an IV will be started, labs will be drawn and a foley catheter will be inserted. You will lie on the exam table on your back. Your neck and groin will be prepped for the procedure and a sterile drape will be placed across your body.

The physician will start the procedure by localizing your internal jugular vein in your neck or femoral vein in groin with ultrasound. He will numb the area with a local anesthetic, and then insert a sheath. Once the sheath is inserted, you should not have any discomfort besides some mild cramping and warmth from the contrast. The catheter is guided into the affected vein using X-ray guidance. To seal the faulty, enlarged vein and relieve painful pressure, an interventional radiologist inserts tiny coils to shut down the blood flow to the varicose vein/veins. During the procedure a nurse will monitor your vital signs. You will be given a combination of IV medication for sedation and pain relief.

Following the completion of the procedure the sheath will be removed, and a small bandage will be placed over the area.