



PELVIC CONGESTION SYNDROME (ABOVE)

LOCATIONS:

Main:

Buffalo Vascular Care (BVC) – Outpatient Treatment Facility
6337 Transit Road, Depew, NY 14043

Satellite offices:

190 Washington Avenue, Batavia, NY 14020

6934 Williams Road, Suite 400, Niagara Falls, NY 14304

Azher Iqbal, MD

Medical Director, BVC

Board Certified Vascular Interventional Radiology

Assistant Clinical Professor of Radiology, SUNY Buffalo

OFFICE HOURS

Monday-Friday 8:00 am – 4:30 pm

SCHEDULING INQUIRIES

Contact BVC by calling 716-852-1977

buffalovascularcare.com



PELVIC CONGESTION SYNDROME



Buffalo
Vascular Care

716.852.1977

BuffaloVascularCare.com



WHAT IS PELVIC CONGESTION SYNDROME?

Pelvic Congestion Syndrome occurs as a result of valve incompetence in the veins that help return blood to the heart against gravity. This happens when vein valves become weakened due to a variety of reasons. This valve malfunction allows blood to flow backwards under the influence of gravity resulting in pressure and bulging veins in the pelvis (pelvic varicose veins) due to blood pooling.

WHAT ARE THE SYMPTOMS OF PELVIC CONGESTION?

- Dull, aching, chronic pain the lower abdomen and lower back
- An increase in pain when standing, during pregnancy and menstrual periods, and following intercourse
- Abnormal menstrual bleeding and/or vaginal discharge
- Irritable bladder
- Varicose veins around genitals (vulva), buttock, or thigh

PREVALENCE

- 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
- Risk factors include varicose leg veins, polycystic ovaries, hormonal dysfunction, and two or more pregnancies

DIAGNOSIS

Once other abnormalities have been ruled out, a thorough history and physical exam followed by a radiological exam is needed. Radiological exams may include specifically adapted ultrasound, MRI/CT and/or venogram.

TREATMENT OPTIONS

DRUG THERAPY

Analgesics may be prescribed to reduce the pain. Hormones, such as birth control pills which decrease a woman's hormone level causing menstruation to stop, may be helpful in controlling symptoms.

EMBOIZATION (NON-SURGICAL PROCEDURE)

Minimally invasive outpatient procedure in which a small tube (catheter) is passed through a small puncture in the groin or neck and advanced to the affected veins using X-ray guidance. The enlarged incompetent vein is then sealed. After treatment, patient can return to normal activities immediately.

HYSTERECTOMY (SURGICAL)

Treatment method that involves abdominal incisions to remove the uterus, ovaries, and tying off or removing the affected veins.

EMBOIZATION DETAILS

This procedure is performed by a vascular interventional radiologist, a physician who is specially trained to perform minimally invasive procedures from within the blood vessels. During this procedure, a tiny puncture is made in the vein of the groin or neck and a catheter is then guided through the blood vessels to the affected vein under X-ray guidance. Tiny coils along with a sclerosing agent are used to seal the affected vein. Following the procedure patients can return to normal activity immediately.

OUTCOME/EXPECTATIONS

Embolization offers a safe, effective, low-cost outpatient treatment option that treats pelvic congestion syndrome with minimal risk. The procedure is successful in blocking abnormal blood flow in 90-95% of the cases. 80-85% of women experience a significant improvement in their symptoms following the procedure.

Some patients may experience short-term back pain which usually resolved in a few days. Although symptoms are usually improved, veins with chronically damaged valves are never normal. In some cases other pelvic veins are also affected which may require further treatment.

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