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PELVIC CONGESTION SYNDROME



Your guide for understanding the diagnosis and treatment of Pelvic Congestion Syndrome

WHAT IS PELVIC CONGESTION SYNDROME?

It is estimated that one-third of all women will experience chronic pelvic pain in their lifetime. The causes of chronic pelvic pain are varied, but recent advancements show the pain may be due to hard-to-detect varicose veins in the pelvis, a condition known as **Pelvic Congestion Syndrome**. It is one of commonly missed and potentially treatable causes of chronic abdominal or pelvic pain. Many women with pelvic congestion syndrome spend years trying to get an answer to why they have this chronic pelvic pain.



Similar to varicose veins in the legs, the valves in the veins that help return blood to the heart against gravity are weakened or damaged, resulting in improper closing. This allows for blood to flow backwards and pool within the veins of the pelvis, causing them to bulge with increased pressure, which can cause pain and affect the uterus or ovaries.

WHAT ARE THE SYMPTOMS?

Between the ages of 20 and 50, up to 15 percent of women are believed to have pelvic varicose veins. However, not all experience symptoms. For symptomatic patients, pelvic congestion syndrome is often missed because

when women lie down for a pelvic exam, pressure is relieved from the pelvic veins and decompress, in comparison to while a woman is standing. Studies have shown up to 30 percent of patients with chronic pelvic pain have pelvic congestion syndrome as a component of their pain.

Common symptoms include:

- Dull or aching pain in the pelvis or lower back that worsens throughout the day while standing
- Increased pain following intercourse, menstrual periods, or pregnancy
- Irritable bladder
- Abnormal menstrual bleeding
- Vaginal discharge
- Varicose veins of the vulva, thigh, or buttocks



WHAT ARE THE RISK FACTORS?

Pelvic congestion syndrome tends to be more common in premenopausal women who have had multiple pregnancies. Other risk factors include polycystic ovaries, obesity, and hormonal dysfunction.

HOW IS IT DIAGNOSED?

Pelvic congestion syndrome can be diagnosed through several minimally invasive methods such as ultrasound, MRI or pelvic venography.

HOW IS IT TREATED?

Once a diagnosis is made in a symptomatic patient, an embolization of the damaged veins can be performed. During this outpatient procedure, the specialist inserts a thin catheter that is 2-3 mm in width into the femoral vein in the groin and guides it to the affected vein using X-ray guidance. The specialist will then insert tiny coils, often with a sclerosing agent (the same type of material used to treat varicose veins), to close the vein. After treatment, the patient usually returns to normal activities in about a day.

In addition to being less invasive and expensive to surgery, embolization offers a safe, effective, minimally-invasive treatment option. The procedure is successfully performed in greater than 95 percent of cases. A large percentage of women have improvement in their symptoms after the procedure. Although women are usually symptomatically improved, the veins are never normal and in some cases other pelvic veins are also affected, which may require additional treatment.