

# Pelvic Congestion Syndrome

## *Symptoms, causes, and treatments*

### What is pelvic congestion syndrome?

*Pelvic congestion syndrome* (PCS) is chronic (long-term) ache or pain in the lower abdomen and groin. It is caused by enlarged veins in the pelvic area.

Veins have 1-way valves that help blood flow back to the heart. In PCS, the valves no longer close all the way. Blood backs up and collects in these veins. The enlarged veins affect nerves in the area and cause feelings of pain and pressure.

### Who gets PCS?

PCS mostly affects women of childbearing age. The hormone estrogen, which is involved in a woman's reproductive cycle, can make veins larger.

The pelvic pain that PCS causes may begin during or after a pregnancy. It may get worse with more pregnancies.

The pain is usually described as a dull ache or heaviness that increases:

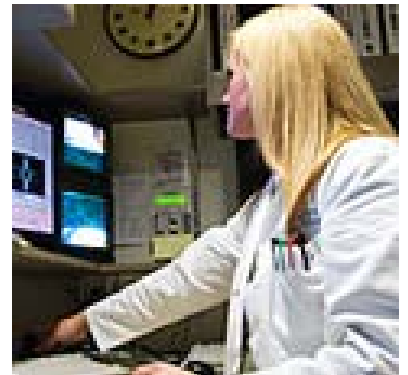
- Before your menstrual period
- When you do activities that increase pressure on your abdomen, such as standing or walking for a long time, or having sexual intercourse

### How is PCS diagnosed and treated?

PCS is diagnosed and treated using these procedures:

#### Ultrasound

Ultrasound uses sound waves to see areas inside the body. The ultrasound technologist (*sonographer*) will use a device called a *transducer* to send the sound waves into your body. The images that are created will appear on a computer screen in the exam room.



*An ultrasound sonographer will take scans of your pelvic area to help diagnose PCS.*

For the first part of your ultrasound exam, the sonographer will move a transducer across the skin of your lower abdomen to take images of your pelvic organs and nearby veins. Having a full bladder for this part of the ultrasound exam helps create the best images.

The second part of the exam will be done *transvaginally* (through your vagina). You will be asked to empty your bladder to get the best images for this part of the exam. The sonographer will place a vaginal transducer inside your vagina to look for signs of *refluxing pelvic veins* (where blood flows backward in the veins).

The entire exam will take about 45 minutes.

### **Venography**

A test called a *venography* is usually done at the time of treatment. Venography involves injecting a contrast dye into your veins so that your doctor can see the veins more clearly. It is recommended for diagnosing disorders of pelvic veins.

### **Treatment with Embolization**

Enlarged veins can be treated using *embolization*. This non-surgical treatment is done in the Interventional Radiology Department by an *interventional radiologist* (a doctor who specializes in procedures that use imaging techniques) or your vascular surgeon.

During your embolization procedure:

- Contrast dye will be injected through a *catheter* (long, flexible tube) to help your doctor find the enlarged veins.
- Your doctor will close off any abnormal veins in your pelvis. This is done using coils to block off the veins and *sclerosant*, a solution that collapses the veins.

You will be in the Interventional Radiology Department for 3 to 6 hours. Most women will stay overnight in the hospital and go home the next day.

### **Questions?**

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Surgical Specialties:  
206-598-4477