THE ART OF VEIN CARE

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Ovarian vein coiling

Background

The ovarian veins drain blood from the ovary towards the heart. They have "one-way" valves which should only allow flow away from the ovary and the pelvis back to the heart. In some women the valves do not work well. Instead of the flow being **out** of the pelvis, the blood drains **into** the pelvis (ie. the vein is "incompetent"). This causes increased pressure in the veins of the pelvis. The veins stretch and become tortuous as well as increasing in number in the pelvic floor. They are sometimes called internal varicose veins. It is usually the left ovarian vein which is incompetent. The right ovarian vein does not usually cause any problems.

Symptoms

Symptoms of ovarian vein incompetence include pelvic congestion syndrome such as pelvic or loin pain which may be worse at the end of the day or after exercise. Prolonged standing can also cause discomfort. Some women complain of a dragging sensation or heaviness in the pelvis. Ovarian vein incompetence can cause heavy or painful periods. Other symptoms include bladder irritation and pain during intercourse (dyspareunia). Ovarian vein incompetence can also cause varicose veins in the leg, or of the vulva. They can be a reason for recurrent varicose veins (that is veins which have returned after treatment).

Diagnosis

Duplex ultrasound is an accurate way of diagnosing ovarian vein incompetence. It should be done in a vascular laboratory where the technicians have been specifically trained in the diagnosis of ovarian vein incompetence.

Treatment:

Coiling the ovarian vein is the usual way of treating ovarian vein incompetence. This is performed under local anaesthetic with light sedation. The procedure is performed in an angiogram suite in a hospital. A needle is put into the vein in the right groin and a catheter passed into the left ovarian vein. A sclerosing agent is injected into the veins in the pelvic floor (similar solution is used when injecting varicose veins), and the ovarian vein is then blocked using platinum coils. The full length of the vein is

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coiled from the pelvis to where the ovarian vein joins the left renal vein (the vein draining the left kidney). It is unusual for the right ovarian vein to need treatment.

After the procedure has been done

Recovery takes a couple of hours. Patients should not drive home. Most people return to work the next day although occasionally one might have some mild discomfort in the side or in the pelvis. Back pain can be severe enough to need analgesia. The following period may be uncomfortable.

Possible complications

Haematoma (collection of blood outside the vein) in the groin is unusual but can occur especially if taking blood thinners. Movement of the coil is exceptionally rare. Infection of the coil is also a very rare complication but can occur.