

Ovarian Vein Embolization– For Patients

What is Ovarian Vein Embolization?

Ovarian vein embolization is a minimally invasive treatment for pelvic congestion syndrome that is used to close off faulty veins so they can no longer enlarge with blood, thus relieving the pain.

How should I prepare?

You must stop taking aspirin and vitamin E at least five days before the procedure.

In general, you should not eat or drink for eight hours before your procedure. However, you may take your routine medications with sips of water. If you are diabetic and take insulin, you should talk to your doctor as your usual insulin dose may need to be adjusted.

Prior to your procedure, your blood may be tested to determine how well your liver and kidneys are functioning, and whether your blood clots normally, and a pregnancy test.

You should report to your doctor all medications that you are taking, including herbal supplements, and if you have any allergies, especially to local anesthetic medications, general anesthesia or to contrast materials (also known as "dye" or "x-ray dye"). Your physician may advise you to stop taking aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) or a blood thinner for a specified period of time before your procedure.

Also inform your doctor about recent illnesses or other medical conditions.

Women should always inform their physician and x-ray technologist if there is any possibility that they are pregnant. Many imaging tests are not performed during pregnancy so as not to expose the fetus to radiation. If an x-ray is necessary, precautions will be taken to minimize radiation exposure to the baby.

You will be admitted to the hospital on the morning of your procedure and be assessed by the interventional radiologist before the procedure begins.

You should wear comfortable, loose-fitting clothing to your exam. You may be given a gown to wear during the procedure.

How does the procedure work?

Using x-ray imaging and a contrast material to visualize the blood vessel, the interventional radiologist inserts a catheter through the skin into a blood vessel and advances it to the treatment site. A synthetic material or medication called an embolic agent is then inserted through the catheter and positioned within the blood vessel or malformation where it will remain either permanently or temporarily.

Temporary embolic agents block blood vessels long enough to allow the body to heal on its own. Permanent embolic agents physically plug-up blood vessels and cause scar tissue to form in the vessel. This is important in treating conditions such as arteriovenous malformations and tumors, which would recur if the embolic agent dissolved.

How is the procedure performed?

Image-guided, minimally invasive procedures such as embolization for pelvic congestion syndrome should be performed by a specially trained interventional radiologist in an interventional radiology suite or occasionally in the operating room.

Prior to your procedure, ultrasound, computed tomography (CT) or magnetic resonance imaging (MRI) may be performed.

You will be connected to monitors that track your heart rate, blood pressure and pulse during the procedure.

A nurse or technologist will insert an intravenous (IV) line into a vein in your hand or arm so that sedative medication can be given intravenously. You may also receive general anesthesia.

The area of your body where the catheter is to be inserted will be shaved, sterilized and covered with a surgical drape.

A very small nick is made in the skin at the site.

Using image-guidance, a catheter (a long, thin, hollow plastic tube) is inserted through the skin into a blood vessel and maneuvered to the treatment site.

A contrast material then is injected through your IV and a series of x-rays are taken to locate the exact site of bleeding or abnormality. The medication or embolic agent is then injected through the catheter. Additional X-rays are taken to ensure the embolic agent is correctly positioned and that any bleeding is controlled.

At the end of the procedure, the catheter will be removed and pressure will be applied to stop any bleeding. The opening in the skin is then covered with a dressing. No sutures are needed.

Your intravenous line will be removed.

You can expect to stay in bed for six to eight hours after your procedure.

How long will the procedure take?

The length of the procedure varies from 30 minutes to several hours depending on the complexity of the condition.

Will I be put to sleep (under anesthesia) during the procedure?

No. If the case is done with sedation, the intravenous (IV) sedative will make you feel relaxed and sleepy. You may or may not remain awake, depending on how deeply you are sedated.

What will I experience during and after the procedure?

- Devices to monitor your heart rate and blood pressure will be attached to your body.
- You will feel a slight pin prick when the needle is inserted into your vein for the intravenous line (IV) and when the local anesthetic is injected.
- You may feel slight pressure when the catheter is inserted but no serious discomfort.
- As the contrast material passes through your body, you may get a warm feeling.
- Most patients experience some side effects after embolization. Pain is the most common and can be controlled by medication given by mouth or through your IV.
- Most patients leave the hospital within 24 hours of the procedure, but those who have considerable pain may have to stay longer.

- You should be able to resume your normal activities within a week.

What are the benefits of having this procedure?

- Embolization is a highly effective way of controlling bleeding, especially in an emergency situation.
- Worldwide success rates of 85 percent and higher have been reported in women treated with embolization.
- Embolization is much less invasive than conventional open surgery. As a result, there are fewer complications and the hospital stay is relatively brief—often only the night after the procedure. Blood loss is less than with traditional surgical treatment, and there is no obvious surgical incision.
- This method can be used to treat tumors and vascular malformations that either cannot be removed surgically or would involve great risk if surgery was attempted.
- No surgical incision is needed—only a small nick in the skin that does not have to be stitched closed.

What are the risks of having this procedure?

- There is a very slight risk of an allergic reaction if contrast material is injected.
- Any procedure that involves placement of a catheter inside a blood vessel carries certain risks. These risks include damage to the blood vessel, bruising or bleeding at the puncture site, and infection.
- There is always a chance that an embolic agent can lodge in the wrong place and deprive normal tissue of its oxygen supply.
- There is a risk of infection after embolization, even if an antibiotic has been given.

What are the limitations of Ovarian Vein Embolization?

Successful embolization without injuring normal tissue requires that the catheter be placed in a precise position. This means that the catheter tip is situated so that embolic material can be deposited only in vessels serving the abnormal area. In a small percentage of cases, the procedure is not technically possible because the catheter cannot be positioned appropriately.

What are the instructions after the procedure?

- Take Ibuprofen 400-600mg every 4-6 hours for cramping.
- Take off work for one week and avoid any heavy lifting or straining for up to two weeks.
- Call us if you have fever > than 101
- Call us if you have any other complications or questions.
- You may increase your activities as tolerated in 2 weeks.

Continue seeing your doctors. Call their office to make a follow-up appointment. You will still need health maintenance exams by your doctor. This procedure does alter your future health maintenance needs.

If I have other questions, who do I contact?

For further questions or concerns about declot procedure, please contact Interventional Radiology at 205-934-0152, 205-934-7245, 205-975-4850.