

## Radiology Department

# Ovarian Vein Embolisation

### Introduction

You have been offered by your hospital consultant to have an ovarian vein embolisation. This information tells you about having this procedure; it explains what is involved and what the possible risks are.

This leaflet may not answer all your questions, so if you have any concerns, please ask the Consultant Radiologist or ward staff. If you feel unhappy with any part of your care within the X-ray Department please ask to speak to the Superintendent Radiographer.

Please read this leaflet carefully to make sure you are successfully prepared for the examination.

Please contact the X-ray Department if your weight is equal to or more than 205Kg (32 stone) as you may require an alternative examination.

### Points to Remember

- Please bring any sprays or inhalers that you take regularly with you to the X-ray Department;
- We also ask you to leave any valuable possessions at home;
- If you are taking Aspirin or Warfarin please inform the radiology staff, as this medication may need to be stopped before the procedure.



### What is an Ovarian Vein Embolisation and why do I need one?

Ovarian Vein Embolisation is a procedure to purposely block the vein or veins supplying pelvic vein varicosities which can give pelvic venous incompetence (meaning the blood does not flow as it should). Pelvic varicosities are abnormal swelling of the ovarian and other pelvic veins, and are a similar condition to varicose veins in the leg. The resulting pelvic venous incompetence can be associated with chronic pelvic pain and a number of other symptoms including vulval varicosities and leg varicose veins. Treating the underlying pelvic vein incompetence in appropriately selected patients can alleviate symptoms.

Embolisation involves the insertion of a catheter (a small plastic tube) into a vein, usually in your neck or arm, manipulation of the catheter from there to reach the veins around the ovary, and then injections of contrast medium '**X-ray dye**'. Once the Interventional Radiologist has localised the veins supplying the veins, small metal coils (or other material) are inserted down the catheter and left in the vein to block it. Once blocked the vein is no longer contributing to blood flow in the wrong direction, other veins flowing the correct way take up the extra flow and your symptoms should improve. There is no evidence the procedure will affect your reproductive or sexual function.

The coils remain in place permanently and you will not know that they are there. However if you return to the X-ray department for future tests or investigations, it is important to inform a member of staff that these coils are in place.

The examination will be performed by an Interventional Radiologist who will be assisted by a Radiographer and a Radiology Nurse. It is not easy to predict how long the procedure will take. As a guide, expect to be in the X-ray room for at least one hour. You will also need to stay for observations for around one hour after the procedure. **Upon discharge you should not drive yourself home or travel on public transport.**

### Referral and Consent

If you are having the ovarian vein embolisation as a planned procedure, your Interventional Radiologist should have discussed the reasons for this procedure and any other options with you. The Radiologist will confirm that you understand why the procedure is being done and its potential risks and

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the benefits to you. **You should have had plenty of explanation before you sign the consent form.** If after discussion with your Radiologist you do not want the procedure carried out, then you can decide against it.

If the Radiologist feels that your condition has changed or that your symptoms do not indicate such a procedure is necessary then they will explain this to you. At all times the Radiologist will be acting in your best interests.

## Before the procedure

Please bring all your usual medication into hospital with you including any sprays or inhalers. It is important that you understand the procedure and its implications, so if you have any questions, please ask the doctor.

You will be asked to sign a pink consent form confirming that you understand the procedure and are aware of the risks and benefits. We will want you to be as relaxed as possible for the procedure. Take all your medications as normal, but if you are taking water tablets or diuretics, you may stop this on the day of the procedure. We will advise you on an individual basis of what to do if you take any medication to thin your blood.

Please tell the doctor if:

- You have had any allergies or bad reactions to drugs or other tests.
- You have asthma, hayfever, diabetes, or any heart or kidney problems.

Please continue to eat and drink normally until you attend Radiology.

## Preparation

Embolisation for pelvic venous incompetence is carried out as a day surgery procedure and you should expect to stay in the Radiology department for around 3-4 hours overall.

- You may have had some blood tests to check your blood clotting ability and kidney function. Sometimes it is necessary for you to have these blood tests when you arrive at the Hospital, on the morning of the procedure.

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- There is no need for you to stop eating before the procedure but it is important that you drink plenty; **we advise one pint (500mls) of water or squash above your normal fluid intake.**

## Important Information for patients with renal impairment:

- Some pain killers (Non-steroidal anti-inflammatory medicines such as Ibuprofen or Diclofenac) **may** have to be stopped on the day of the examination for 24 hours, please discuss this with your doctor. You may use Paracetamol as a substitute pain relief medication during this time.
- If you are taking Metformin please inform the Radiology staff as this **may** have to be stopped for 48 hours after the procedure.
- You will need a tube (cannula) inserted into a vein in your arm after you arrive in the X-ray department.
- You will need to change into a hospital gown. You may bring a dressing gown to wear over this until the procedure starts.

## During your procedure

- The procedure will again be explained to you by the Radiologist and you will be able to ask any further questions that you may have.
- You will be taken into the X-ray room where you will be asked to lie down on the X-ray table.
- Your blood pressure and pulse will be monitored by a Radiology nurse who will stay with you throughout the procedure.
- The Radiologist will inject a local anaesthetic into the skin of your neck/arm to numb the area.
- You may still feel some pressure sensation, but if you feel any pain during the procedure inform the Radiologist. If the procedure becomes too uncomfortable for you then the nurse looking after you can arrange for some pain relief.
- Sometimes contrast (dye) injection can cause a hot feeling for a short while or the feeling that you have passed urine.
- When the procedure is completed, the catheter is removed and pressure will be applied to the neck/arm for a short period to prevent any bleeding and minimise bruising.

### Risks of the Procedure

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet. The likelihood of these complications occurring will vary for each patient and the possibility of these complications happening to you will be discussed with you before you sign the consent form.

- Some bruising and tenderness can occur around the site where the catheter has been inserted.
- The puncture site should heal quickly and is low risk since it is a vein, much as a standard blood test.
- Rarely the contrast medium used can cause a reduction in kidney function. If you are under the care of a renal physician you should have a blood test to check your kidney function before the procedure.
- Rarely, allergic reactions can occur with the X-ray dye, only very rarely requiring any treatment. You will be asked about allergies by the Radiologist.
- On rare occasions a coil could displace to the veins in the lung. This should be of little or no consequence but if it happens, retrieval will be attempted during the procedure.
- The biggest risk of this treatment is recurrence of pelvic vein incompetence, which can occur in around 5% of cases. Serious complications such as infection and risk to the ovary itself are very rare. Some patients may experience a vaginal discharge for a time after the procedure but this usually settles down

Despite these possible complications, the procedure is normally very safe and low risk. At all times during and after the procedure, the staff will be monitoring your response to this treatment.

X-rays are a type of radiation. We are all exposed to natural background radiation every day of our lives; this comes from the sun, food we eat, and the ground. Exposure to radiation carries a small risk, but your doctor feels that this risk is outweighed by the benefits of having the procedure. We will take all safeguarding measures to minimise the amount of radiation you receive.

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### Safety

The contrast agent contains iodine and is removed from your body (excreted) by the kidneys in your urine. Please inform the Radiologist or Radiographer:

- If you are allergic to iodine, have any other allergies or suffer from asthma.
- If you have reacted previously to the injection used for kidney X-rays or CT scanning.
- If you have known kidney problems.

**Patients aged 12 – 55 years, could you be pregnant?** The risks of radiation are higher for the unborn child so you will be asked to confirm that you are not pregnant before the examination can proceed.

### After your examination

Nursing staff will carry out routine observations such as taking your pulse and blood pressure to make sure there are no problems. They will also check the wound site to make sure there is no bleeding. You can eat and drink normally.

**We recommend that you drink at least one pint of liquid within 2 hours after your examination.**

You should arrange to be collected from the Radiology Department, after the procedure and once you are fit to be discharged as you should not drive yourself home or travel by public transport. You should rest for the remainder of the day and possibly the following day depending on your recovery. You should refrain from heavy lifting for 48 hours but can resume other normal activities.

### Other Sources of Information:

For information about the effects of X-rays and information about Radiology departments please visit the NHS website:

<https://www.nhs.uk/conditions/x-ray/>

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For information about the effects of X-rays read the NRPB publication: “X-rays how safe are they?” on the Health Protection Agency website:  
[www.hpa.org.uk](http://www.hpa.org.uk)

Please note that the views expressed in these websites do not necessarily reflect the views of UHCW NHS Trust.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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