DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

WOMEN'S HEALTH · PELVIC CONGESTION TREATMENT

Pelvic Congestion Treatment

Pelvic venous congestion is an under-recognised cause of chronic pelvic pain, essentially varicose veins of the pelvis. Embolisation closes the faulty veins from the inside, as a day procedure.

AT A GLANCE

Anaesthesia **Sedation**	Hospital stay **Day case**	Procedure time **45 to 90 minutes**
Back to work **A few days to a week**	Fertility **Preserved**	Cost **Usually no gap on fee***

The problem: pelvic venous congestion

When the valves in the ovarian or pelvic veins fail, blood pools in the veins around the uterus and ovaries. The result is a chronic dull ache or heaviness, classically worse with prolonged standing, at the end of the day, before periods and after intercourse. Many women carry this pain for years despite normal gynaecological investigations, because the veins are easy to miss unless someone looks for them.

The venous signature

Certain features point towards the pelvic veins rather than another cause: an ache that builds through the day and through prolonged standing then settles when lying flat; a heaviness or dragging rather than a sharp pain; worsening before a period; deep pain during intercourse with an ache that lingers for hours afterwards; and varicose veins in atypical places such as the vulva, buttock or back of the thigh. None of these is diagnostic on its own, but together they raise the suspicion enough to justify looking properly at the veins.

How embolisation fixes it

The treatment mirrors what is done for varicose leg veins, but from the inside. Through a tiny puncture in a neck or groin vein, a catheter is guided into the ovarian and pelvic veins. Venography confirms which veins are refluxing, and those veins are closed with coils and sclerosant in the same sitting. Blood reroutes through normal veins, the pooling stops, and the dragging pressure eases.

Who it suits

- Chronic pelvic pain or heaviness lasting more than six months, worse with standing
- Pelvic vein reflux or pelvic varices seen on ultrasound, CT or MRI
- Vulval, buttock or atypical upper-thigh varicose veins
- Pain after intercourse (post-coital ache)

- Leg varicose veins recurring after treatment, fed from the pelvis

What to expect

1. **Consultation and imaging.** Careful history and review of imaging. Pelvic pain has many causes; part of Dr Tarr's job is making sure the veins are genuinely the culprit before treating them.
2. **The procedure (45 to 90 minutes).** Sedation, single vein puncture, no incisions. Diagnostic venography and treatment happen in one sitting.
3. **Home the same day.** Mild pelvic ache or cramping for a few days is common and settles with simple pain relief.
4. **Improvement over weeks.** The heaviness typically eases over several weeks as the congested veins empty and shrink. Follow-up confirms your progress.

Results and risks, honestly

In women with confirmed pelvic vein reflux, the majority, around three quarters or more in published series, report substantial and lasting relief of pelvic pain after embolisation. Ovarian function, periods and fertility are not impaired; the ovaries keep their normal blood supply and drainage through other routes. After-effects include a few days of pelvic ache, occasionally a low-grade fever. Uncommon risks include recurrence and, rarely, migration of a coil. Because pelvic pain is often multifactorial, a minority of women have residual symptoms from other causes, so honest selection beforehand matters.

Common questions

How is pelvic congestion diagnosed? A combination of your story (standing-related heaviness, post-coital ache), examination, and imaging, pelvic ultrasound, CT or MRI showing dilated, refluxing pelvic veins. The definitive test is venography, done at the time of treatment.

Will my periods or fertility be affected? No. The faulty veins being closed are abnormal drainage channels; the ovaries and uterus keep their normal blood supply. Pregnancies after ovarian vein embolisation are well documented.

Could my leg varicose veins be coming from my pelvis? Yes, recurrent or unusually located leg and vulval varicosities are sometimes fed by pelvic vein reflux. Treating the pelvic source first makes leg treatment far more durable, and Dr Tarr coordinates with vein surgeons where needed.

APPOINTMENTS & REFERRALS
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For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

*For privately insured patients, most procedures involve no gap on Dr Tarr's fee; hospital or anaesthetic costs may still apply. Your individual costs are confirmed in writing before booking.

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