

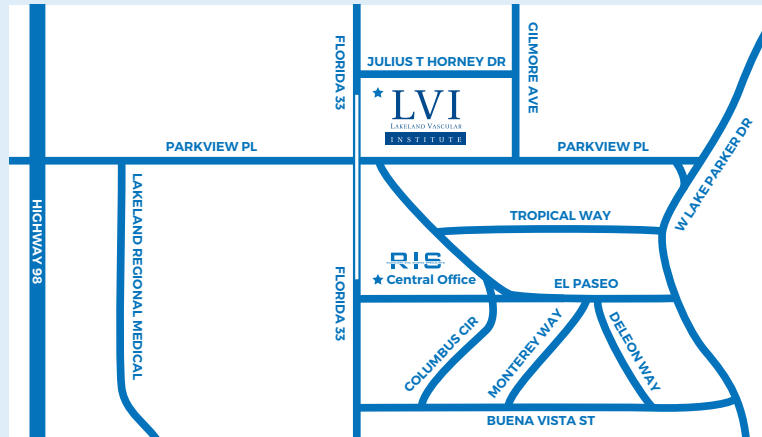


LAKELAND VASCULAR INSTITUTE MEDICINE WITHOUT LIMITS™

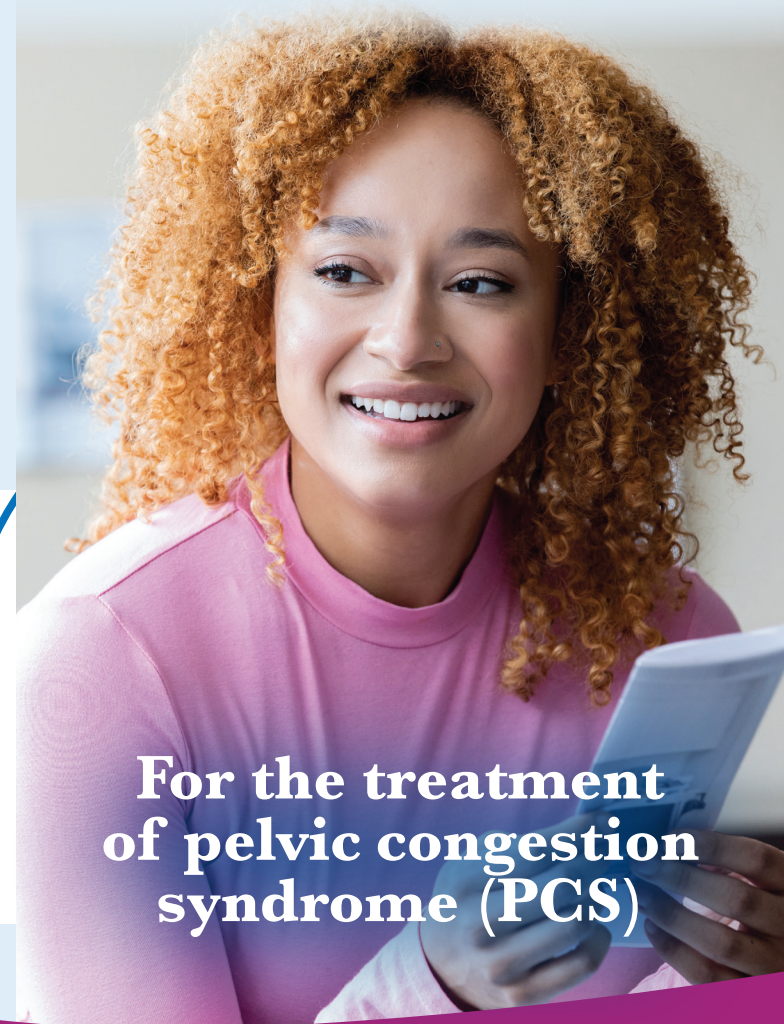
Interventional radiology (IR) represents an exciting new frontier in disease and pain treatment. Today's IR therapies are more precise, less invasive and more effective than ever... giving you and your doctor additional options to treat disease and restore you to optimal health.

At Lakeland Vascular Institute, we do so much more than treat vascular disease. We use the body's vascular system—along with state-of-the-art imaging guidance—to reach the source of the problem and deliver precisely targeted therapy. Cancerous tumors. Spine fractures. Abdominal aortic aneurysms. Uterine fibroids. Knee osteoporosis. Vascular disease and dialysis access. These and many other health conditions can be treated faster, less expensively and with greater safety and accuracy than ever before.

For questions, consultations and scheduling, please call 863-577-0316.



Ovarian Vein Embolization



For the treatment of pelvic congestion syndrome (PCS)

HOW DO I KNOW IF OVE IS RIGHT FOR ME?

Ovarian vein embolization is recommended for patients who:

- Have symptomatic pelvic congestion syndrome
- Diagnostic imaging has confirmed the presence of pelvic varicose veins
- Medication (hormone therapy) has not been effective at treating PCS
- Other conditions, such as pelvic inflammatory disease, endometriosis, fibroids and other causes of pain have been ruled out
- Do not wish to have surgery



Talk to your doctor about OVE

OVE is an FDA cleared and less invasive option to treat OVE, performed by the experienced doctors at Lakeland Vascular Institute. If you have been diagnosed with pelvic congestion syndrome, talk with your doctor and share this brochure with them. If you have questions, call us! We are happy to help provide the information that you need to make an informed decision with your doctor.

1417 Lakeland Hills Blvd.
Suite 102
Lakeland, FL 33805

lakelandvascular.com
P: 863.577.0316
F: 863.581.8811

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What is pelvic congestion syndrome?

Pelvic congestion syndrome (PCS) is a painful condition caused by enlarged, varicose veins within the pelvis. It can result in chronic, dull pain, which becomes more intense when standing or sitting for prolonged periods of time.

PCS is largely misunderstood and under-diagnosed within the medical community, primarily because the symptoms of PCS are often confused with other conditions. When PCS goes undiagnosed, it can lead to great frustration on the part of the patient.

WHAT CAUSES PCS?

Chronic pelvic pain affects about one third of all women at some point in their lives, and about 15 percent of women have pelvic varicose veins, mostly during their childbearing years. PCS symptoms can range from mild pain and discomfort to disabling pain that interferes with work, quality of life and everyday activities.

It is thought that pelvic congestion is the result of pregnancy, and/or possibly estrogen, which is known to dilate blood vessels. The valves within the pelvic veins weaken and do not close properly, which causes blood to flow backwards into the vein and pool there, making them enlarged and causing pressure.

Additional symptoms include:

- Noticeable, bulging veins around the labia, vulva, buttocks or thighs
- Painful or abnormal menstrual cycles
- Pain during or after intercourse
- Abdominal bloating or cramping
- Vaginal discharge
- Lower back pain
- Depression or mood swings

These symptoms are also associated with many other conditions—including endometriosis, inflammatory disease and irritable bowel syndrome.

ABOUT 15% OF WOMEN HAVE PELVIC VARICOSE VEINS MOSTLY DURING CHILDBEARING YEARS

HOW IS PCS DIAGNOSED?

A CT venogram of the abdomen and pelvis is the preferred method to diagnose PCS. In some cases, a transvaginal ultrasound, a pelvic ultrasound with valsalva (bearing down) or MRI may also be used to diagnose this condition.

TREATING PCS

Women with mild PCS may be treated with hormonal medications. Typically prescribed by a gynecologist, these medications can reduce blood flow within the pelvic veins. If medications are not effective, there are both surgical and non-surgical treatment options.

Venous ligation is a gynecologic surgical approach. It is a complex procedure and can result in scarring and the possibility of varicose veins returning.

Ovarian vein embolization (OVE) is a minimally invasive treatment option. It is a safe and effective outpatient procedure that is effective at providing relief for about 80% of those who undergo it. OVE requires no hospital stay, and patients can return to normal activities within 24 hours.

THE OVE PROCEDURE

OVE is performed by an interventional radiologist using image guidance and a special catheter to seal off the faulty veins from the inside. During the procedure, the catheter is advanced through the body into the blood vessels in the pelvis. Small metal coils are then inserted to clot the blood and seal the faulty vein. For smaller varicose veins, a special foam agent is injected into the vein to shrink it.

COMPLICATIONS OF OVE

OVE should only be performed by a trained and experienced interventional radiologist. Complications with this procedure are rare, and can include infection, bruising or bleeding at the catheter insertion site.