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## Pelvic Congestion Syndrome (PCS)

Pelvic Congestion Syndrome is a condition in which the veins in the pelvis become very dilated (widened). It is unclear why it happens, but there is excessive pooling of blood inside these veins. It is commonly associated with varicose veins in the vulva or lower extremities.

### Symptoms

Not all women with dilated veins, which can become much more common after pregnancy, will have symptoms. In some cases, dilated veins can be found in patients with symptoms such as pelvic pain. The pain is most commonly described as a dull ache or heaviness in the lower abdomen or back starting before menses begin. Pain can also occur or worsen with prolonged standing or activity. The pain tends to occur on one side, but it can shift from one side to the other. It is common for the symptoms to begin after a pregnancy and to worsen with each subsequent pregnancy. Women may also have hemorrhoids or varicose veins in the vulva or legs.

### Main causes of PCS

No one knows exactly why people develop PCS. Some risk factors have been identified. These include: pregnancy and heavy lifting.

### Diagnosis

The diagnosis of pelvic congestions syndrome can be complex because chronic pelvic pain can be caused by multiple pelvic structures including the uterus, ovaries, pelvic floor muscles, bladder, and bowel. Current opinion by experts about how best to make the diagnosis of PCS is usually first by excluding these other causes of pain and in the remaining women who have persistent symptoms, considering testing for pelvic vein dilation, stagnation of blood flow, and presence of varicosities in the pelvic cavity on venogram. Diagnosis is most often confirmed by venogram, a real-time x-ray that measures the amount of dilation and the speed of blood flow. Some research is looking at the role of ultrasound or MRI, but all of the diagnostic tests have not been adequately studied.

### Treatment

A variety of treatments have been described, ranging from medical or hormonal treatment to surgery, however, there is not enough research to recommend one treatment as most effective.

*Hormonal treatments* are used to suppress the menstrual cycle. Progesterone (tablets or injections) or leuprolide injections may be used.

*Embolization* of the affected veins may be performed by an interventional radiologist.

*Ovarian vein ligation* may be performed surgically – usually via laparoscopic route.

Other surgical options include removal of one or both ovaries, with or without removal of the uterus.

In patients with PCS and chronic pelvic pain, the pain may also be due to pelvic floor muscle dysfunction or abnormal bladder and bowel function. In these cases, pelvic floor physical therapy is an important part of treatment. If the pain is accompanied by anxiety, depression, disability, sleep and sexual dysfunction, additional behavioral therapies provided by psychology specialists is also used along with the therapies mentioned above. We recommend that you have a detailed discussion with your doctor to determine the most appropriate treatment for you.

