

**Pelvic embolisation
Sclerotherapy of lower limb varices
can be done regardless**

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No conflict of interest

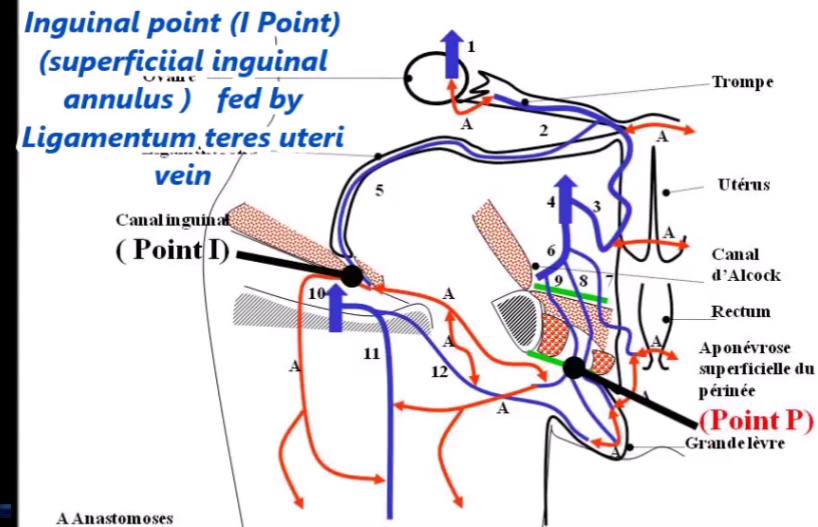
Pudendal Vein Incompetence



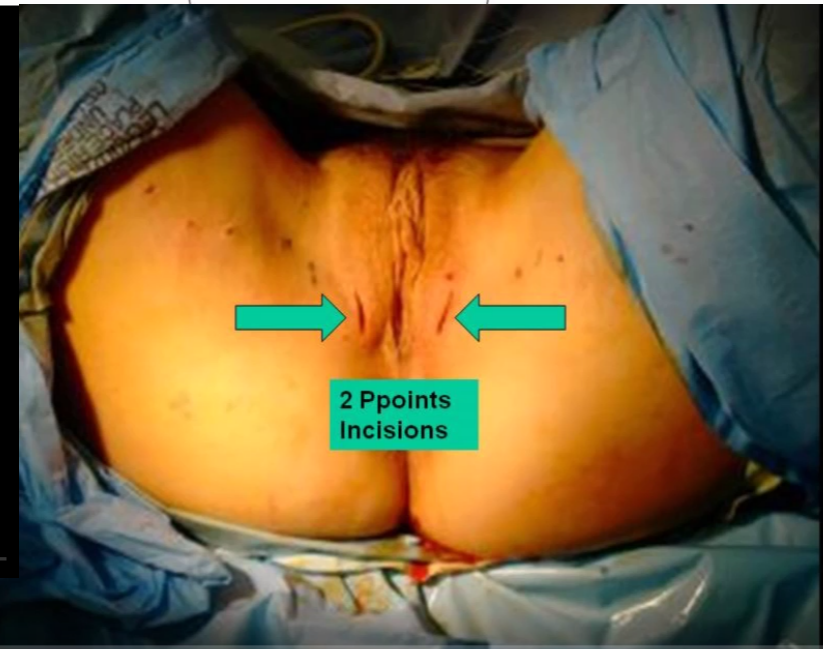
Varices of Pelvic Origin

Pelvic leaks
Inguinal point
varices

R.Delfrate M.Bricchi C.Franceschi



Fascia is open and the dilate Vein close to the Ligamentum teres uteri is dissected, ligated and divided
minding the Genito Crural nerve



Varices of Pelvic Origin

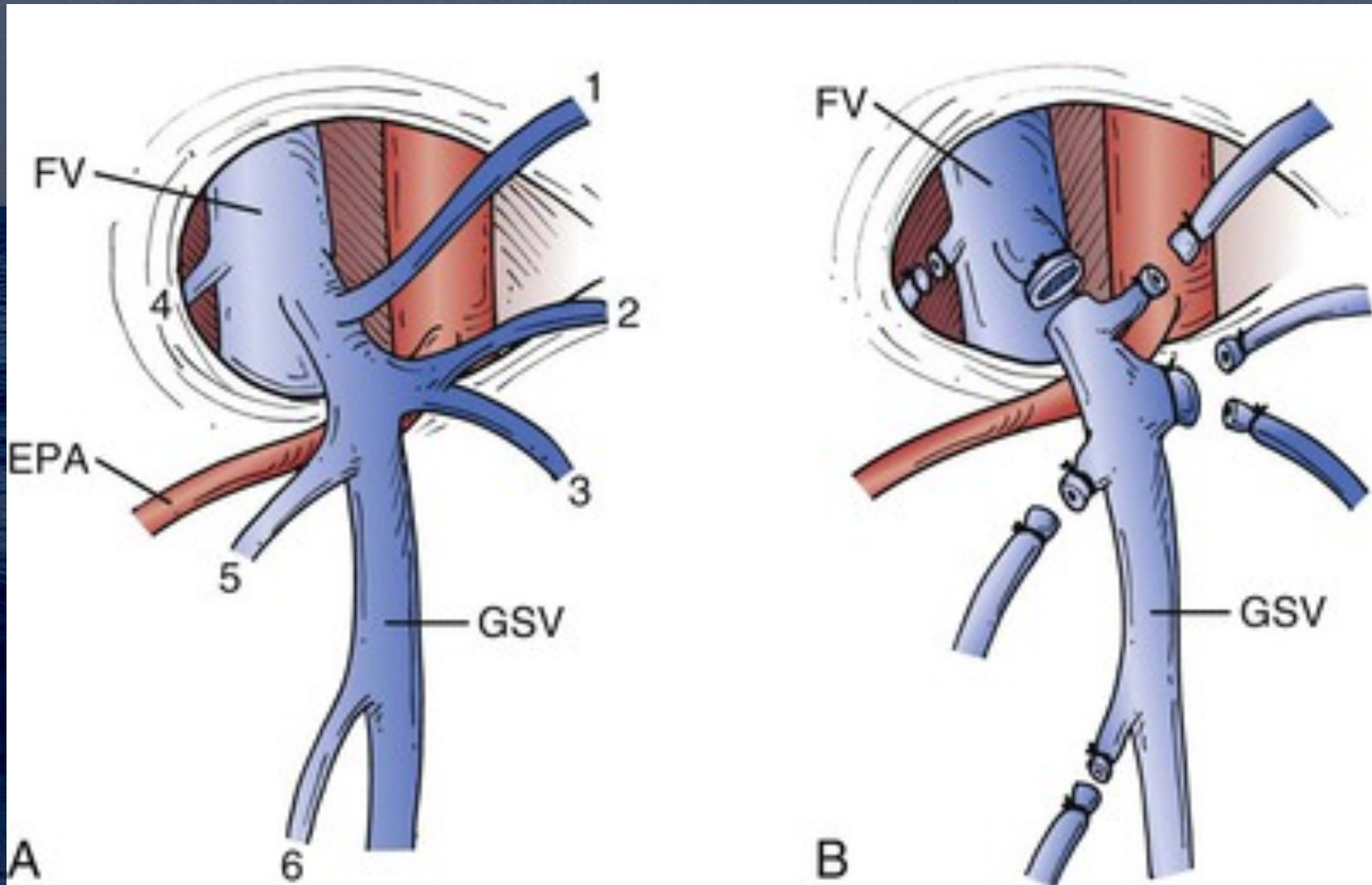


Patrizia Pavei, Padova President, AFI

Foam sclerotherapy

- Unpublished clinical series
- ~150 patients treated with ultrasound guided foam sclerotherapy for varicose veins of pelvic origin
- 85% freedom from varices after 5 years

Ligation of sapheno-femoral junction



Pelvic vein embolisation



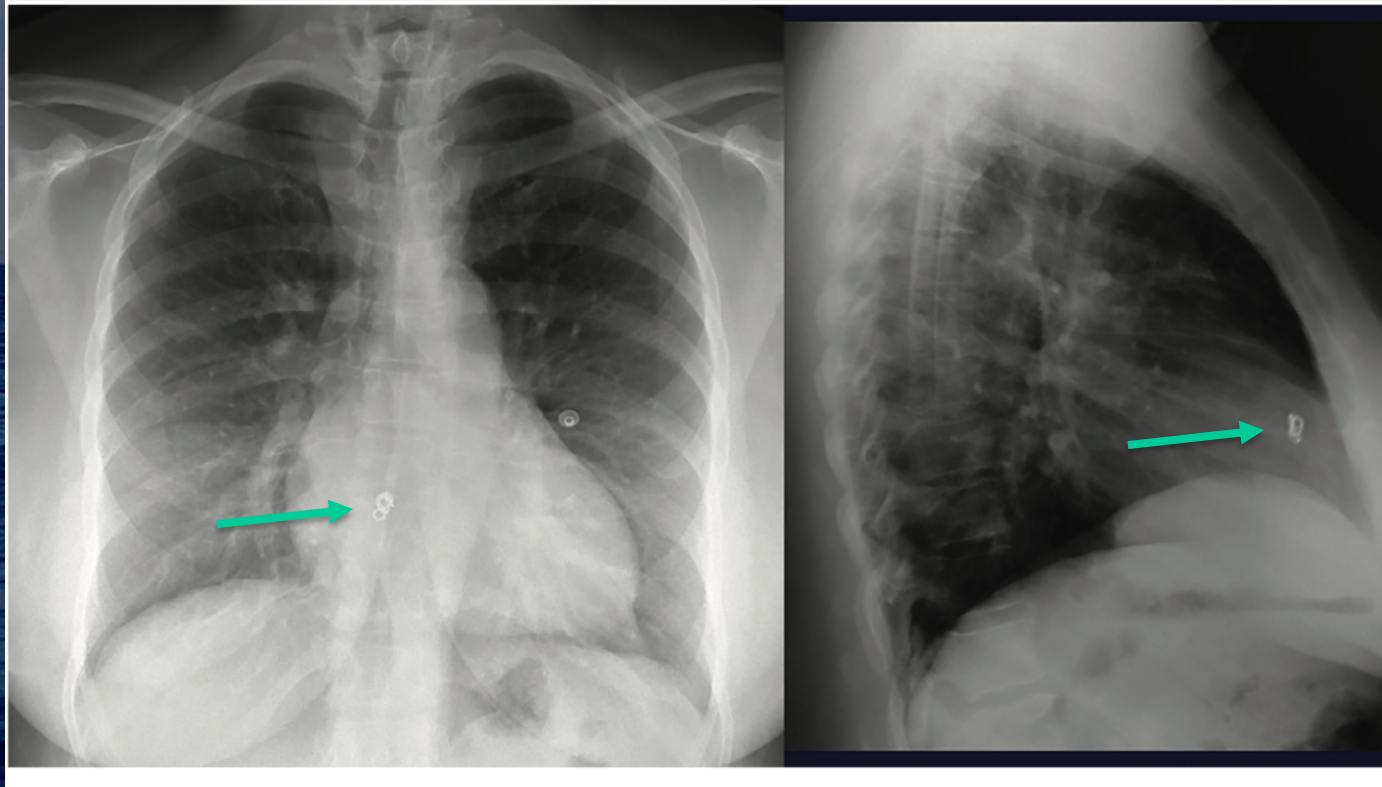
Pelvic congestion syndrome

- Moderate evidence of efficacy

Varicose veins

- No evidence of efficacy in reducing symptoms
- No evidence that recurrence of varices is prevented
- Anecdotal evidence of outcomes
- My own experience...

Pelvic vein embolisation - complications



Adverse events

- Related to procedure:
- Embolisation to heart or lung
- Local migration/erosion into adjacent organs

Varices of Pelvic Origin

My treatment strategy

- Ultrasound guided sclerotherapy in the lower limb
- Patients report significant improvement in lower limb symptoms
- Effective in patients who have previously undergone pelvic vein embolisation
- Late recurrence of pudendal/perineal varices not frequently seen



Varices of Pelvic Origin

Conclusions

- Pelvic varices fill varicose veins in the leg from 'leak points'
- No RCT data on which to base management
- No evidence that pelvic vein embolisation improves varicose veins in the legs
- No evidence that pelvic vein embolisation prevents varicose veins recurrence
- Serious adverse events may arise from embolisation procedures
- Ligation of Franceschi's 'leak points' may be effective
- Evidence from few clinical series suggests that ultrasound guided sclerotherapy in the leg is effective

