

Understanding Pelvic Congestion Syndrome

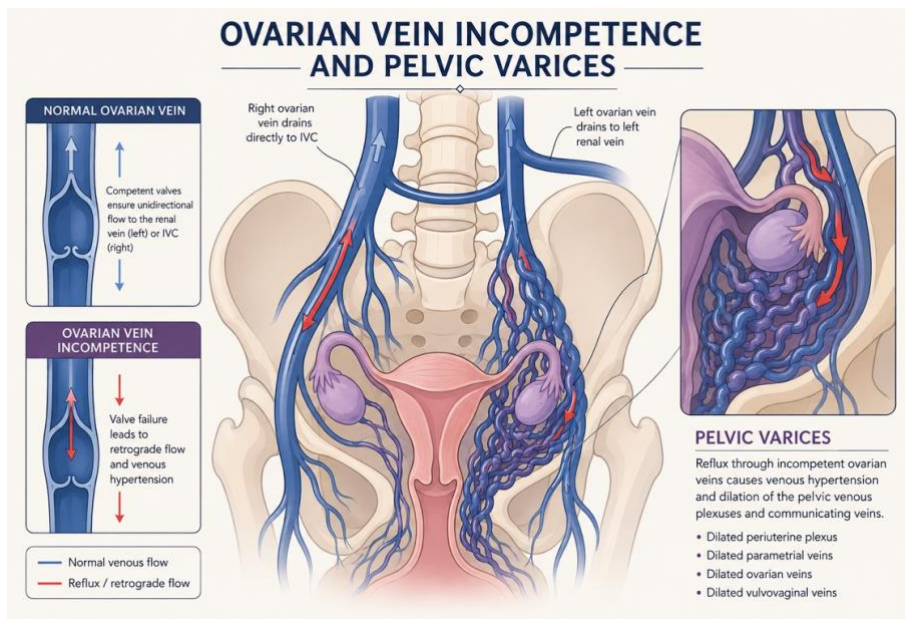
What is pelvic congestion syndrome?

Pelvic congestion syndrome (PCS) is a cause of chronic pelvic pain resulting from enlarged, poorly draining veins around the uterus and ovaries — similar to varicose veins in the legs, but located deep within the pelvis.

It typically causes a dull, aching or heavy pelvic pain that worsens with standing, sitting, or towards the end of the day, and often improves when lying down. Pain may also worsen around your period or after intercourse.

PCS is a common but under-recognised cause of chronic pelvic pain, particularly in women who have had one or more pregnancies.

Anatomy and Pathophysiology



In normal anatomy, veins carry blood back to the heart using one-way valves that stop blood from flowing backwards.

In pelvic congestion syndrome, the valves in the ovarian veins (the veins which drain the ovaries) become weak or fail.

This allows blood to flow backwards (reflux) rather than draining normally.

This causes blood to pool in the veins deep in the pelvis.

Over time, this pooling stretches and dilates the veins, increasing pressure and causing it to become tortuous (twisted). The affected ovarian vein connects into a fine network of veins around the uterus, vagina and ovaries called the pelvic venous plexus.

This network of veins becomes congested and engorged as pressure builds — producing the characteristic pelvic pain.

The left ovarian vein is affected more often than the right, partly due to its longer course and the angle at which it drains into the left renal vein.

Visible varicose veins can also appear around the vulva, groin or upper thighs as part of the same condition.

Pregnancy is a major contributing factor, since pelvic blood volume increases substantially and many people first notice symptoms during or after pregnancy.

Comparing Your Treatment Options

There are three broad approaches to treating pelvic congestion syndrome.

Endovascular embolisation treats the underlying vein problem with the least impact on your recovery, fertility and daily life.

	Conservative	Surgical	Endovascular
Invasiveness	None (lifestyle / medication)	Open or laparoscopic surgery	Minimally invasive (catheter-based)
Anaesthetic	Not applicable	General anaesthetic	General (occ. local + sedation)
Typical recovery	Not applicable	2–6 weeks	Days to 2 weeks
Preserves fertility	Yes	Not always (hysterectomy)	Yes
Treats the cause	No — symptom relief only	Yes	Yes
Evidence for effectiveness	Modest, often temporary	Effective but more invasive	Strong — first-line for most patients

Endovascular treatment (embolization) — the preferred option

A thin catheter is guided through a vein (usually in the groin, wrist or arm) directly to the affected pelvic veins, which are then permanently closed using small coils and, when needed, a liquid embolic agent (Onyx) to also treat the finer congested venous plexus.

Because it targets the source of the problem directly under X-ray guidance, it avoids open surgery, preserves your uterus, ovaries and fertility, and involves a same-day or overnight stay with a much faster recovery than surgery.

For these reasons, embolization is now recommended as the first-line treatment for most patients with pelvic congestion syndrome.

Expected Outcomes

Most patients experience significant, lasting improvement in pelvic pain and heaviness after embolization. Improvement is usually gradual — some easing of symptoms within the first few weeks, with the full benefit typically apparent by 2–3 months as the treated veins fully close.

70–85% of patients report meaningful symptom relief	2–3 months typical time to full benefit	≈ 1–2 weeks typical return to normal activity
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- Associated vulvar or thigh varicose veins often improve as well, though they can occasionally need a separate, smaller follow-up treatment.
- A small proportion of patients have persistent or recurrent symptoms; follow-up imaging helps identify whether further treatment of other contributing veins is needed.
- Embolization does not affect fertility and most patients can become pregnant afterwards if desired; conversely, pregnancy can occasionally cause new or recurrent congestion in the future.

This handout is general information and does not replace advice from your own doctor. Your care team can help you decide which treatment approach best suits your individual situation.