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## Ovarian Vein Coiling

### Introduction

Varicose veins can be due to leaking valves in veins in the groin (saphenofemoral incompetence) or behind the knee (saphenopopliteal incompetence). Connecting veins from the deep and superficial vein systems in the legs can also cause varicose veins (perforating vein incompetence). More recently it has become clear that some patients have pelvic vein incompetence. One recognized and treatable is incompetence of the left ovarian vein leading to reflux in that vein, into the pelvic veins, into the left and sometimes right leg veins.

### How is ovarian vein reflux diagnosed?

The clinical examination may suggest pelvic vein incompetence then an ultrasound of the legs will confirm there are no major leaking (reflux) sites in the legs. A subsequent ultrasound examining the left ovarian vein will show reflux in an enlarged ovarian vein.

### How is ovarian vein treated?

The current preferred treatment is coil embolization of the left ovarian vein. A needle and small plastic tube (catheter) is placed into the femoral vein in the groin. A smaller tube inside can be fed upwards into the main vein (inferior vena cava) and then across into the left renal vein and then down into the left ovarian vein. Small lengths of metal (coils) with plastic fringes can be pushed up the catheter and into the left ovarian vein where they will coil up and form a plug on which blood can clot (thrombosis). By placing coils along the vein, the whole vein can be blocked.

### What does the procedure involve?

The procedure involves a day patient admission to hospital. Local anaesthetic is used in the groin to insert the catheter. A little intravenous sedation can be given as well. The procedure takes about 1 hour.

### Reasons for not having Ovarian Vein Coiling

Ovarian vein coiling is unsuitable if you have any active infection anywhere in your body or are currently taking antibiotics. If you are planning interstate or overseas travel within 6 weeks, any venous treatment (coiling, injections and surgery) should be postponed until your return. If you have a cold or the flu and don't feel that you will be able to walk around actively immediately after the procedure, then the coiling should be postponed. It is not advised if subsequent pregnancy is planned.

### What to expect after the procedure

There may be some aching in the groin for a day or two. You should take Panadol to relieve this. Some patients have had aching in the back on the left side about one week after the procedure, where the vein is blocked off. This is because the vein isn't removed but is filled with clot and your body must then organize this clot to permanently block the vein. This is a form of inflammation and occasionally hurts. Many patients report no back pain. Antibiotics are given at the time of insertion.



**What happen after vein embolization?**

You will be able to return home 3 to 4 hours after your procedure. Normal activities can be resumed the next day. Panadol should be the only extra medication required.

**Follow- Up**

An ovarian vein ultrasound is required 6 weeks after the procedure to confirm thrombosis of the left ovarian vein and to plan the next steps in your treatment.

**Will I notice any difference in the leg veins?**

Some patients notice their leg vein shave disappeared. Many notice that their veins are less prominent. Some notice no change. Some patients report less aching it the legs.

**Do I need to wear support stockings after ovarian vein coiling?**

You do not need to wear these unless you were already wearing them.