

All information, content, and material of this website / handout is for informational purposes only and are not intended to serve as a substitute for the consultation, diagnosis, and/or medical treatment of a qualified physician or healthcare provider. The information is not intended to recommend the self-management of health problems or wellness. It is not intended to endorse or recommend any particular type of medical treatment. Should the reader have any health care related questions, that person should promptly call or consult your physician or healthcare provider. This information should not be used by any reader to disregard medical and/or health related advice or provide a basis to delay consultation with a physician or a qualified healthcare provider.

# PELVIC CONGESTION SYNDROME (PCS)

## *What is 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.

## *Symptoms*

Not all women with dilated veins will have symptoms. In some cases, dilated veins can be found in patients with symptoms such as pelvic pain. The pain is most often described as a dull ache or heaviness in the lower abdomen or back starting before menses begins. 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, including pregnancy and heavy lifting.

## *Diagnosis*

The diagnosis of pelvic congestion syndrome is challenging because chronic pelvic pain can be caused by multiple pelvic structures including the uterus, ovaries, pelvic floor muscles, bladder, and bowel. Current opinion of experts on best practices making the diagnosis of PCS recommend first excluding other causes of pain then for women who still have symptoms consider testing for pelvic vein dilation, stagnation of blood flow, and presence of varicosities in the pelvic cavity on a CT venogram. Diagnosis is most often confirmed by a CT venogram, an x-ray that measures the amount of widening and the speed of blood flow. Some research is looking at the role of ultrasound or MRI, but these 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 to bring on chemical menopause may be used as well.
- *Embolization or blocking off* the affected veins may be performed by an interventional radiologist.
- *Ovarian vein ligation or tying off veins* may be performed surgically – usually via laparoscopic route.

Other surgical options include removal of one or both ovaries, with and 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 pain is accompanied by anxiety, depression, disability, sleep and sexual dysfunction, additional behavioral therapies provided by psychology specialists will also be employed along with the therapies mentioned above. We recommend that you have a detailed discussion with your doctor to decide the best treatment for you.

Last revised on 12.10.2022

For more information about other chronic pelvic pain syndromes visit:

International Pelvic Pain Society

[www.pelvicpain.org/public](http://www.pelvicpain.org/public)

Join our social media:

