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INFORMATION, COIL OCCLUSION of OVARIAN or TESTICULAR VARICOSE VEINS (Alternative to Surgery)

AIM OF TREATMENT

As an alternative to abdominal surgery, to control a leaking ovarian vein, coil embolisation was developed in the 1980's to allow minimally invasive control of this condition. The process now involves the insertion of surgical clips ("Coils") into the ovarian vein to occlude it. It is combined with sclerotherapy of the pelvic varices to occlude them also.

SCLEROTHERAPY

This treatment was designed many years ago (1930's) and popularised in the United Kingdom in the 1960's. The procedure involves injection of a solution (called a sclerosant) into unwanted varicose veins. The injected veins then go solid and are absorbed by the body. All injection treatments for varicose veins are based on the principle of damaging the lining of the vein to be obliterated. This results in the collapse of the vein followed by solidification. The individual then dissolves the solid vein by creating inflammation around it.

COIL OCCLUSION

The use of occlusion devices in vascular conditions has been employed for two decades to seal arteries and veins that are abnormal or bleeding. The extension of this technology to the gonadal veins has been undertaken since 1990's and has proved effective in the majority of venous conditions treated. To treat the larger varicose veins and large valve leakages in the abdomen this process is used. This is known as "**coil occlusion**" or "**coil embolisation**". For some fifteen years very small stainless steel and Dacron coils have been used to occlude vessels in the body. They constitute a similar technology to the use of surgical clips in open surgery. These devices have been used to occlude arteries and veins inside the brain, chest and abdomen for many years. The use of coils is generally restricted to larger vessels, as small veins respond to injection treatment (sclerotherapy) alone. The majority of persons with ovarian or scrotal varicose veins can be treated this way thus avoiding surgery.

SIDE EFFECTS & RISKS

The concentration of sclerosing agent used for this treatment is higher than for surface veins and therefore the chances of side effects are greater. The most common side effect is some tingling around the lips or a feeling of faintness. This side effect is in actual fact harmless and wears off extremely rapidly.

SIDE EFFECTS (Transient)

Pain: Pain can occur, on injection, in the form of a colicky sensation. Normally this resolves, with no untoward events. Persisting pain usually indicates difficulties with the process and should be reported.

Cough: A cough may occur with or without a feeling of tightness in the chest and this resolves in 10-15 minutes. This can delay your departure after treatment.

Migraine: A migraine headache, unusual tingling or numbness of a limb or visual aura may occur but also resolves quickly. The sensation of numbness or weakness on one side of the body can last up to 15 minutes. No permanent sequelae have been documented.

MAJOR RISKS

Deep vein thrombosis requires hospital admission for treatment but the risk is less than 1:10,000.

Infection requiring treatment has an incidence of less than 1:10,000 treatments. The use of occlusion coils for larger vessels has dramatically reduced the incidence of side effects from injection treatment. There is also the additional benefit of reducing the total dose of sclerosing Agent as well as reducing the risk of ulceration as a complication.

The risk of coils moving from the original placement site after treatment is considered to be negligible but tangible. Loss of a coil during the actual procedure, however, would require removal of the coil by X-Ray control through a catheter in the vein under local anaesthetic. Surgery to remove an incorrectly placed coil has not been required for any associated complication.

TREATMENT

What you need to know:

Treatment is performed in a Radiology facility and should not be undertaken if there is a possibility of you being pregnant. It involves an injection of local anaesthetic in the right groin and the insertion of a catheter through a needle in the vein here. This catheter is then passed into the Ovarian (Gonadal) Vein and coils and sclerosant inserted. An anaesthetist can provide sedation or a light anaesthetic for this procedure if desired however if used you may **not** drive a vehicle afterwards for 12-24 hours. You may go home 2 hours after this procedure. There will be some tendency for 2-3 days of abdominal discomfort following this treatment. An unusual degree of pain following treatment should also be reported. There is no limitation on your activity following coiling of Ovarian/Testicular veins and activity is encouraged.

AFTER TREATMENT

There will be some tendency for some lower abdominal discomfort which responds to mild analgesic such as paracetamol. Severe pain should be reported.

THE SCLEROSANT

Over the past ten years several agents have been used as sclerosants The agent that is currently the most satisfactory is known as "Aethoxysklerol" or its generic name "Polidocanol". This agent is a surfactant, which means that it has a soap

like action, which leaches the fat from the wall of the vein, resulting in the vein collapsing and going solid. Pregnancy and breast feeding are the only contraindication for treatment with this agent.

THE COILS

The devices commonly called "coils" are made either of chrome alloy and polyester or platinum and polyester. The devices used for this treatment are T.G.A. approved for use in Australia and have a long documented history of safe deployment. Like surgical clips they are inert after implantation. There is a very small risk of infection (less than 1 in 10,000) with these devices. Infection would require removal of the coil but this event has not been seen. After treatment the coils are visible on plain x-ray and appear very much like surgical clips commonly used for abdominal surgery. They will not trigger a metal detection device such as those commonly used at airports. They are MRI Compatible for MRI scanning. These coils, once implanted, are completely inert with less than 1:10,000 rejection rate.

OVARIAN & TESTICULAR VEIN TREATMENT (Pelvic Congestion Syndrome)

Ovarian or testicular vein leakage is a common cause of varicose veins in the thighs, vulva, scrotum and perineum. The overflow from these veins also contributes to lower limb varicose veins. The vein from the left ovary or testis drains to the kidney vein and is susceptible to leakage just as in leg veins. The side effects are discomfort in the lower abdomen around menstruation along with leg veins. In men varicose veins in the scrotum are uncomfortable and can lead to a reduced sperm count. In women the problem cause what is known as the Pelvic Congestion Syndrome. Management of this problem has been done with the coiling method for over a decade and has proved very safe and reliable as a non-surgical procedure.

Any difficulties with treatment should be reported immediately by phone to this practice, not your local doctor. The result of your treatment, and/or significant complications, must be reviewed by Mr Milne before you can be discharged to your referring medical officer.

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