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Study Shows Connection of Varicose Veins to Chronic Pelvic Pain

Interventional Radiology Provides Effective Diagnosis and Nonsurgical Treatments

NEW ORLEANS, Louisiana (April 4, 2005) – Research presented today at the Society of Interventional Radiology's 30th Annual Scientific Meeting found that 16 percent of women with varicose veins in their legs simultaneously had ovarian varicose veins — a common but often under-diagnosed cause of chronic pelvic pain. Normally, one-way valves in the vein prevent blood from flowing downward with gravity. When the valves in the vein become weak and don't close properly, they allow blood to flow backward, or reflux. Varicose veins are prominent veins that have lost their valve effectiveness and, as a result of chronic dilation under pressure, become elongated, rope-like, bulged and thickened. Pelvic congestion syndrome is a result of varicose veins in the pelvis, similar to varicose veins in the legs. In the pelvis, varicose veins can cause chronic pain due to local pressure on the uterus, ovaries and vulva. Up to 15 percent of women, generally between the ages of 20 and 50, have varicose veins in the pelvis, although not all experience symptoms.

"Understanding that women with varicose veins in their legs might be at risk for pelvic congestion syndrome will help us treat them more effectively and comprehensively," explained study author, Interventional Radiologist Carl M. Black, M.D., Intermountain Vein Center, Provo, Utah. He added, "As vascular experts, interventional radiologists can utilize imaging skills to both diagnose and treat circulatory problems using minimally invasive techniques. We can improve circulation in their legs, remove unsightly varicose veins and reduce chronic pelvic pain — all without major surgery, without general anesthesia, and without a hospital stay."

About the Study (Abstract 123)

Of the 160 female patients evaluated for lower extremity venous reflux (varicose veins), 16 percent also presented with symptoms and findings of pelvic congestion syndrome — a cause of chronic pelvic pain. Of these, 92 percent were found to have venous reflux in the ovarian veins, for which embolization was performed. Sixty-three percent reported relief or significant reduction in pain in both the pelvis and the lower extremities following embolization alone, while 91 percent reported satisfaction following subsequent comprehensive treatment of any remaining sources of lower extremity venous reflux.

About the Treatments

To treat venous reflux in the legs, interventional radiologists use imaging to see inside the body to perform vein ablation. This seals the faulty veins and redirects blood flow to healthy veins.

For reflux in ovarian veins, interventional radiologists performed an embolization using imaging for guidance. During the outpatient procedure, the interventional radiologist inserts a thin catheter, about the size of a strand of spaghetti, into a central vein and guides it to the affected vein(s) using X-ray guidance. To seal the faulty, enlarged vein and relieve painful pressure, an interventional radiologist then inserts tiny coils often with a sclerosing agent (the same type of material used to treat varicose veins in the legs). After treatment, patients can usually return to most normal daily activities within hours.

About Interventional Radiology

An estimated 5,000 people are attending the Society of Interventional Radiology's 30th Annual Scientific Meeting in New Orleans. Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments performed using imaging for guidance to treat diseases nonsurgically through the blood vessels or through the skin. By combining diagnostic imaging expertise with advanced procedural skills, interventional radiologists perform minimally invasive treatments that have less risk, less pain, and less recovery time than open surgery. Interventional radiologists pioneered minimally invasive modern medicine with the invention of angioplasty and the catheterdelivered stent, which were first used to treat peripheral arterial disease. More information can be found at www.SIRweb.org.

Abstracts can be found at www.SIRmeeting.org in the program section and click on scientific sessions.

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