

SYMPTOMS

The chronic pain that is associated with Pelvic Congestion Syndrome is usually dull and aching. Typically, the pain is felt in the lower abdomen and lower back.

Often, the pain increases during the following:

- After intercourse
- Menstrual periods
- When tired or standing (worse at end of day)
- Pregnancy

EMBOLIZATION TREATMENT

Embolization for Pelvic Congestion Syndrome is an outpatient procedure that is performed without general anesthesia using “twilight” sedation. In this procedure, a small tube is inserted into the femoral vein in the groin or a vein in the neck through a small nick in the skin. Next, a small catheter or tube is painlessly guided into the abdomen and into the gonadal vein under the guidance of x-ray imaging. The vein is intentionally closed off by plugging it with small metal coils and a special medication. The procedure takes 30 minutes and the patient goes home a few hours later. Patients can immediately resume non-exertional activities following the procedure.

MEET OUR PHYSICIAN



William H. Julien, MD

OUR HISTORY

South Florida Vascular Associates boasts over a 20 year history of excellence in vascular care. Dr. William H. Julien established South Florida Vascular Associates in 2001 and became known as one of the first Interventional Radiologist to have an office-based clinical practice in the United States. In 2004, he opened his first office-based endovascular suite to create a novel outpatient environment for patients to undergo vascular procedures. The office-based model has proven to be a safe, efficient and personalized alternative to having procedures performed in the hospital.



THREE CONVENIENT LOCATIONS:



COCONUT CREEK

5300 W. Hillsboro Blvd., Suite 107
Coconut Creek, FL 33073
Phone: 954-725-4141
Fax: 954-725-4318

PLANTATION

350 N.W. 84th Ave., Suite 109
Plantation, FL 33324
Phone: 954-725-4141

BOYNTON BEACH

7545 W. Boynton Beach Blvd., Suite 206
Boynton Beach, FL 33437
Phone: 954-725-4141

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UTERINE FIBROIDS & PELVIC CONGESTION SYNDROME



William H. Julien, MD

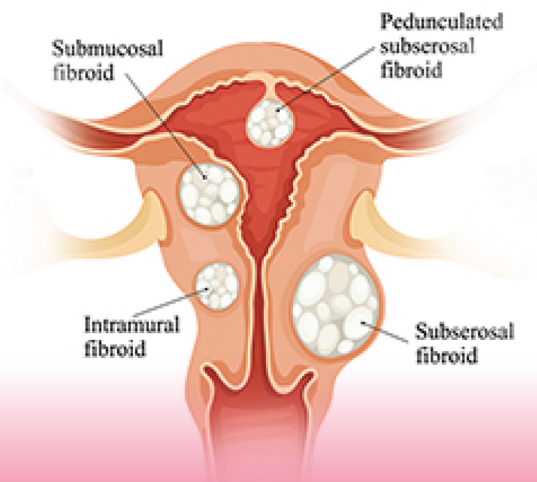
UTERINE FIBROIDS

Fibroids are **benign, non-cancerous growths in or on the walls of the uterus**. They can range from less than an inch around to more than six inches. African-American women and those with a family history are most likely to develop fibroids.

Most fibroids cause no symptoms and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- Heavy, prolonged monthly periods, sometimes with clots
- Fatigue, secondary to a low blood count
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Frequent need to urinate
- Constipation or bloating
- An enlarged belly

The procedure takes 30 minutes and the patient goes home a few hours later. Patients can immediately resume non-exertional activities following the procedure.



TREATMENT OPTIONS

MEDICAL

Birth control pills can often decrease heavy uterine bleeding. Other hormone treatments can shrink fibroids, but these treatments may cause menopause-like side effects. Fibroid symptoms usually return when medical treatment stops.

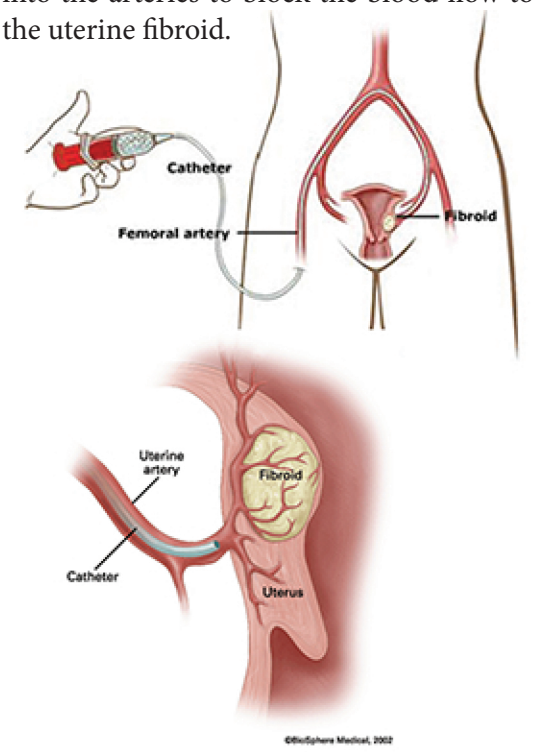
SURGICAL

Surgical treatment options include hysterectomy (removal of the uterus) and myomectomy (removal of just the fibroids). These options require general anesthesia, require lengthy recovery times, and carry the risk of surgical complications. Many women are not candidates for myomectomy because of the size, number, or location of their fibroids. Fibroids commonly recur after myomectomy.

UTERINE FIBROID EMBOLIZATION

Uterine Fibroid Embolization (UFE) is a minimally invasive procedure in which the blood flow of the uterus is intentionally reduced, causing the fibroid tumors to shrink. It alleviates or improves fibroid symptoms 90% of the time. The embolization procedure is performed by making a tiny nick in the skin in the groin and inserting a tube, known as a catheter, into the femoral artery.

Using X-ray imaging, the catheter is guided through the arterial system and into the arteries supplying the uterus. Tiny particles, the size of grains of sand, are then injected into the arteries to block the blood flow to the uterine fibroid.



RECOVERY TIME

Our doctors perform Uterine Fibroid Embolization in our beautiful, state-of-the-art outpatient facility without the need for hospitalization. The doctors will prescribe pain medications and anti-inflammatory drugs following the procedure to treat cramping and pain. Many women resume light activities in a few days and the majority of women are able to return to normal activities within seven to ten days.

PELVIC CONGESTION SYNDROME

It is estimated that a third of all women will experience chronic pelvic pain in their lifetime. Many of these women are told the problem is “all in their head” but recent advancements now show the pain may be due to hard-to-detect varicose veins in the pelvis, known as Pelvic Congestion Syndrome. (It is the female equivalent of a man’s Varicocele).

Pelvic Congestion Syndrome is similar to varicose veins in the legs but in this condition, a vein called the “gonadal vein,” has weak defective valves, resulting in blood pooling in varicose veins in the pelvis. These bulging veins can cause pain and affect the uterus, ovaries, and vulva. Up to 15% of women, generally between the ages of 20 and 50, have varicose veins in the pelvis, although not all experience symptoms. The diagnosis is often missed because women lie down for a pelvic exam, relieving pressure from the ovarian veins, so that the veins no longer bulge with blood as they do while a woman is standing.

