The Female Pelvic Circulation
Four Interconnected Venous Systems

- The “gateway” to the leg
- Exactly analogous
- The deep veins of the pelvis
- The superficial veins of the leg

Internal Iliac Vein Anatomy

Pelvic Escape Points
Kachlik D, Phlebology 2010

- Atypical varices arising from pelvis

Pelvic Escape Points

- Vulva
- Posterior Thigh
- Perineum / Medial Thigh
Primary Pelvic Reflux
3 Clinical Scenarios

Chronic Pelvic Pain (± Varices)

Study From Above
- R internal jugular approach preferred
- Micropuncture access
- Long 8 Fr sheath advanced to iliac confluence
- Sequential selection of right and left internal iliac veins
- Berenstein (8.5 – 11.5 mm) balloon occlusion venography
  - Initial placement below IIV confluence
  - Sequential tributary selection (obturator, pudendal, gluteal)
  - Sclerosant ± coils deployed through occlusion balloon

Atypical Varices

Study From Below
- U/S-guided direct puncture venography
- 23 gauge butterfly needle
- Calibrated venography
- Simultaneous foam sclerotherapy
  - 10 cc 3% STS: 3 cc Ethiodol
  - Follow with Fluoroscopy (reverse roadmap)

Venography & Treatment to the Level of the Broad Ligament

Conclusions
Pelvic Venography - Anatomy & Escape Points
- Understanding anatomy is critical to treatment of pelvic venous disorders
- Internal iliac vein formed by the confluence of
  - Obturator veins
  - Internal pudendal tributaries
  - Superior & inferior gluteal veins
- 4 escape point to the leg
  - Inguinal (“I” point)
  - Obturator (“O” point)
  - Pudendal (“P” point)
  - Gluteal (“G” point)
- Venographic & treatment techniques
  - Balloon occlusion venography
  - Direct puncture venography