How to treat vulval veins before or after pelvic embolisation

Barrie Anthony Price MD MS FRCS FCPhleb
Consultant Vascular Surgeon
The Whiteley Clinic, Guildford, UK

Disclosure
I, Barrie Anthony Price declare that:
I have no potential conflicts of interest to report regarding commercial consulting, industrial employment, financial or ownership interests in any healthcare company or any other matter that may affect the nature of this presentation.

Presentation
What to look out for

Recurrence after traditional vein surgery
- 21% of patients with pelvic and vulval varicose veins have recurrence from previous superficial venous surgery.
- In patients with recurrent varicose veins pelvic vein reflux was found to be a major contributory cause in 25.6%.
- 16.6% have NO truncal vein reflux on presentation!

* Pelvic Venous Reflux is a Major Contributory Cause of Recurrent Varicose Veins in more than a Quarter of Women
AM Whiteley, DC Taylor, MS Whiteley

Warning signs
Anatomy

Vulval veins do not exist in isolation; they must be treated from the top and from the bottom.

You haven’t finished!

Complex!
Treatment after pelvic vein embolisation

- Thermo-ablate all refluxing truncal veins.
- Close all refluxing perforators.
- Debulk surface varices but avoid the vulva and labia.
- Treat remaining small vessel reflux in the limbs with ultrasound guided foam sclerotherapy.
- Inject vulval and labial varices with foam sclerosant (3% sodium tetradecyl sulphate 1:3 50% CO$_2$:O$_2$)

Foam Sclerotherapy - Vulva

- Post-foam sclerotherapy compression
- Usually combined with lower limb foam treatment.
- Eccentric compression to leg vessels continuously for two weeks.
- "Magic knickers" to compress vulval area over a sanitary pad.

Finally!

The treatment of vulval varices is difficult, lengthy and challenging.

"A journey of a thousand miles begins with a single step."

Laozi, c. 6th Century BC