
**ENGLEWOOD
HEALTH**

**VULVAR VARICES:
HELP AND HOW**

Steve Elias

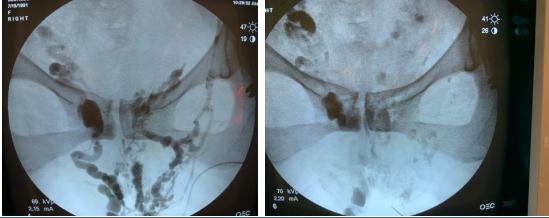
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VULVAR VV: THE "RULES"

- 1. vulvar vv – 99% pelvic source
- 2. symptoms – pelvic, vulvar, both
- 3. which affect QoL most or which are present/absent
- 4. pelvic sx – top down (OV, IIV, CIV, RV) – many need from below also
- 5. vulvar sx – bottom up (direct stick: US or fluoroscopic guided)
less need from above
- 6. pelvic/vulvar sx equal – top down → bottom up
- 6. always exceptions

BEFORE & AFTER



WHAT CAUSED THIS?

- 1. iliac vein compression
- 2. ovarian vein reflux
- 3. internal iliac vein reflux
- 4. renal vein compression

PRIMARY HISTORY

- 39 y/o female, 6 children, family hx vv
- aching, throbbing vv both upper thigh, worse end of day
- vulvar pressure and discomfort with long standing
- previous EVA/excision VV B/L LE after 3rd child

PHYSICAL EXAM

- vv both inner thigh 4-5 mm
- vulvar varices - bilateral
- no swelling or skin changes
- No abdominal wall VV

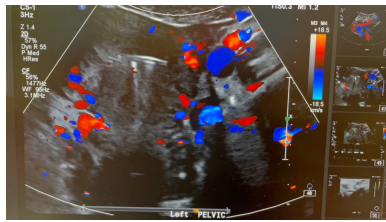


Image courtesy of Tony Gasparis

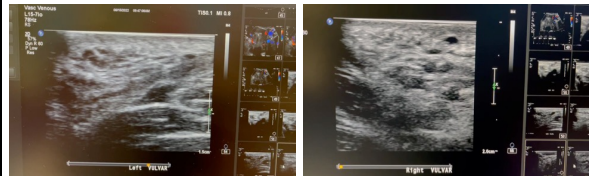
SECONDARY HISTORY

- No flank pain
- No pelvic/bladder discomfort end of day
- No excessive pain during menses
- No post-coital pain/discomfort

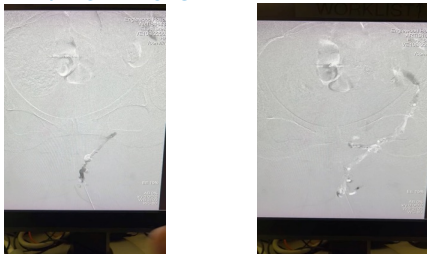
PELVIC ULTRASOUND



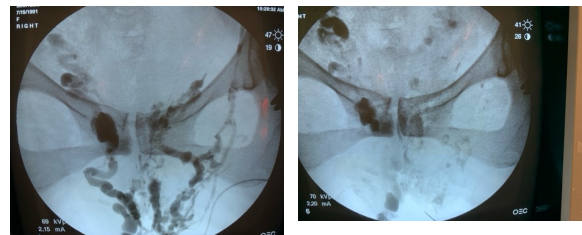
VULVAR VARICES



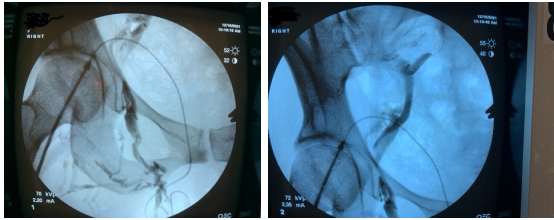
FLUOROSCOPIC GUIDED FOAM SCLEROTHERAPY VULVAR/LEG VARICES



B/L VULVA 1.5% STD FOAM 16ML TOTAL



1.5% STD FOAM 7ML



ACCESS/POSITIONING: 21 gauge butterfly



TECHNIQUE SUMMARY:

- IV sedation
- Hard to access – mobility, 2 people, #21 butterfly
- Fluoroscopy – can treat all pathology to pelvic source
- US alone – don't know how much to give...7-10ml
- 1-2-(3) sessions – “touch up” in office
- Set expectations – 50-75% improvement
- Spanx™/ABD X 5 days

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