

INCIRCULATION

NOV/DEC 2014

The Official Publication for Center For Vascular Medicine™

VOLUME 1 | ISSUE 1



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CENTER FOR
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CENTER FOR
Pelvic Pain
of Vascular Origin



A Division of the Center for Vascular Medicine

UNDERSTANDING VASCULAR PELVIC PAIN CONDITIONS

BY VINAY SATWAH, DO

There are several vascular conditions that cause women to experience ongoing pain that can interfere with their ability to take part in and enjoy daily life. Pelvic Congestion Syndrome (PCS) causes chronic pain in the pelvic area, lower abdomen, and thighs. May-Thurner Syndrome (MTS) causes leg pain and increases the risk of deep vein thrombosis (DVT), a potentially life-threatening condition. Using state-of-the-art technology, the physicians at the Center For Vascular Medicine (CVM) can treat these conditions, helping women find relief from vascular pain.

Varicose Veins in the Pelvic Area May Lead to Pelvic Congestion Syndrome. PCS affects more than one-third of all women. Sometimes suffering with this condition for years, many women are told the problem is not due to a specific medical cause and may be psychological. However, recent advancements have allowed physicians at CVM to show that the pelvic pain may be due to varicose vein reflux causing pelvic venous insufficiency.

The symptoms related to PCS include pelvic pain associated with standing and sitting, which worsens throughout the day. This chronic pain is typically dull and aching in nature. Patients often experience relief from pain when lying flat and when legs are elevated. The symptoms may worsen following intercourse, during menstrual periods, and during pregnancy. Associated symptoms in-



clude heaviness/fatigue/aching of the legs with varicose veins on the vulva and/or buttocks. Similar to varicose veins in the legs, in PCS the valves in the pelvic veins that help return blood to the heart against gravity become weakened and don't close properly. This allows blood to flow backwards and pool, causing pressure and bulging veins in the pelvis and vulva, which can affect the venous drainage of the uterus and ovaries.

PCS typically affects women in their childbearing years. As the uterus expands during pregnancy, increased pressure is

exerted on the pelvic floor and veins. Postpartum, the uterus eventually contracts and although the pressure on the pelvic floor is relieved, there is residual damage to the pelvic veins. Ovarian veins increase in size with each subsequent pregnancy, which means women who've had two or more pregnancies are at particular risk.

Many women with PCS spend years trying to find out why they have chronic pelvic pain. Living with this pain is difficult and affects not only the woman, but also her interactions with her family, friends, and her general outlook on life. To help uncover the cause of their chronic pelvic pain, CVM patients undergo a thorough history and physical. Those with a high likelihood of the condition may also undergo pelvic ultrasound and venography. Considered the most accurate method for diagnosis, a venogram is performed by injecting contrast dye in the veins of the pelvic organs to make them visible during an X-ray.

Once a diagnosis is made by, if the patient is symptomatic, a pelvic venogram with embolization should be performed. Embolization is a minimally invasive procedure performed by the interventional team using imaging for guidance. During the outpatient procedure, the faulty, enlarged veins are sealed to relieve the painful pressure. After treatment, pa-

ASK THESE QUESTIONS IF YOU THINK YOU HAVE A PATIENT WITH PELVIC CONGESTION SYNDROME

- 1 Have you been evaluated by a vein center for varicose veins of the leg/groin?**
- 2 Do you have pelvic pain?**
- 3 Is your pain worse at the end of the day?**
- 4 Does your pelvic pain decrease when you are lying flat on your back?**
- 5 Do you have visible varicosities in the area of the groin or labia?**
- 6 Does your pelvic pain affect your daily quality of life or normal daily activities?**

If the answer is 'YES' to any of these questions, you may have a patient with PCS. Refer your patient for an appointment with a Center For Vascular Medicine specialist, who can work with you to get your patient the help she needs.

tients should expect a low level of post-procedure pain and to spend a few of days off their feet as they recover.

May-Thurner Syndrome Increases Risk of Deep Vein Thrombosis. MTS, sometimes called Iliac Vein Compression Syndrome, primarily affects women between the ages of 20 and 50. The name comes from the two physicians who are credited with first describing the condition in the late 1950s.

Women diagnosed with MTS have compression of the left iliac vein leading to a decrease in drainage of the left leg. If left untreated, this may lead to the formation of a deep vein thrombosis (DVT). The clot restricts blood flow, which in turn causes pain, swelling and often varicose veins in the left leg.

The condition usually presents on the left side, though cases where the right side is affected have been reported.

When left untreated, MTS may progress through three stages:

- **Stage 1:** Iliac vein compression, which often causes no symptoms.
- **Stage 2:** Formation of venous spurs, which eventually become fibrous shelves. The spurs develop in the vein, restricting blood flow and increasing disposition for DVT.
- **Stage 3:** DVT formation occurs when a clot forms in the vein and blood flow is severely restricted, leading to pain and swelling in the legs and the formation of varicose veins.

Patients with mild narrowing of the vein will often experience no symptoms. As MTS progresses, however, the following symptoms are common:

- Generalized pain in the lower abdomen and pelvis.
- Varicose veins in the upper thigh (usually left leg).
- Swelling in the leg (usually left leg).
- Chronic pain in the legs that worsens as the day goes on.

Treatment Can Help Women Live Pain-Free. The physicians at CVM offer a complete range of diagnostic and therapeutic services for women suffering from pelvic pain of vascular origin. To refer a patient to any of our Maryland centers, call 866-916-9202.



LEADERS IN OUTPATIENT-BASED TREATMENT FOR PERIPHERAL ARTERIAL DISEASE (PAD)

According to a recent report from the American Heart Association, peripheral arterial disease (PAD) affects approximately 8 million people in the United States. Unfortunately, only 25% of these individuals are aware that their symptoms are readily treatable. They live with leg discomfort that prevents them from enjoying everyday activities. During consultations, so many patients have said they believed their leg discomfort was just a result of "getting older." This statement couldn't be further from the truth.

Typical symptoms of PAD include discomfort in the legs with exertion, such as walking or climbing stairs, which is relieved by stopping and resting. However, up to 40% of individuals with PAD may have no leg pain. They may experience a dull ache or cramp with walking (called claudication) that can occur in the buttock, hip, thigh, or calf. If the disease is not treated, they may develop skin color changes, which may progress to open wounds or ulcers. The physicians at CVM strive to prevent patients from getting to the point where the only option is amputation.

CVM physicians believe that individuals who come to be evaluated are not just patients, in fact, they are our family members. CVM's highly skilled and dedicated team evaluates and thoroughly explains the disease process and pertinent findings to each patient. Patients and their families are given the time to ask questions and discuss all treatment options. The referring provider will receive a personal phone call from a clinician if there are any urgent findings.

CVM has three conveniently located, state-of-the-art, outpatient-based angiography suites located in Central, Eastern and Southern Maryland. After thorough non-invasive studies, symptomatic patients may require further invasive evaluation. This includes angiography, which requires the injection of contrast dye in the arteries to make them visible under fluoroscopy. Because any needed additional invasive studies and interventional treatments can be performed as a same day procedure at these centers, the process is more convenient for patients and reduces the anxiety they might feel in a hospital setting. CVM's staff is also able to be more attentive to patients and their families because the nurse to patient ratio is far lower than in a hospital. In an economy where every dollar spent is closely scrutinized, the outpatient-based lab saves patients a significant amount of money while maintaining a high level of quality of care and patient outcomes. **Published data supports the significant reduction in Medicare spending that outpatient-based procedures deliver. With advances in technology and new interventional diagnostic and treatment options, CVM is able to provide cutting edge, minimally invasive services to patients.**

To refer a patient with PAD to any of CVM's locations, call 866-916-9202.



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Call today to make a referral:

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