

# Protocol

## Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome

(40118)

Medical Benefit	Effective Date: 01/01/11	Next Review Date: 07/15
Preauthorization	No	Review Dates: 09/10, 07/11, 07/12, 07/13, 07/14

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required but is recommended if, despite this Protocol position, you feel this service is medically necessary.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

### Description

Pelvic congestion syndrome is characterized by chronic pelvic pain that often is aggravated by standing; diagnostic criteria for this condition are not well-defined. Embolization of the ovarian and internal iliac veins has been proposed as a treatment for patients who fail medical therapy with analgesics.

### Background

Pelvic congestion syndrome is a condition of chronic pelvic pain of variable location and intensity, which is associated with dyspareunia and postcoital pain and aggravated by standing. The syndrome occurs during the reproductive years, and pain is often greater before or during menses. The underlying etiology is thought to be related to varices of the ovarian veins, leading to pelvic congestion. As there are many etiologies of chronic pelvic pain, the pelvic congestion syndrome is often a diagnosis of exclusion, with the identification of varices using a variety of imaging methods, such as magnetic resonance imaging (MRI), computed tomography (CT) scanning, or contrast venography. For those who fail medical therapy with analgesics, surgical ligation of the ovarian vein has been considered. More recently, embolization therapy of the ovarian and internal iliac veins has been proposed. Vein embolization can be performed using a variety of materials including coils, glue, and gel foam.

### Related Protocol

Occlusion of Uterine Arteries Using Transcatheter Embolization

### Policy (Formerly Corporate Medical Guideline)

Embolization of the ovarian vein and internal iliac veins is considered **investigational** as a treatment of pelvic congestion syndrome.

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Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to

conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

## References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

1. Kies DD, Kim HS. Pelvic congestion syndrome: a review of current diagnostic and minimally invasive treatment modalities. *Phlebology* 2012; 27(Suppl 1):52-7.
2. Monedero JL, Ezpeleta SZ, Perrin M. Pelvic congestion syndrome can be treated operatively with good long-term results. *Phlebology* 2012; 27 Suppl 1:65-73.
3. Naoum JJ. Endovascular therapy for pelvic congestion syndrome. *Methodist Debaque Cardiovasc J* 2009; 5(4):36-8.
4. Gandini R, Chiocchi M, Konda D et al. Transcatheter foam sclerotherapy of symptomatic female varicocele with sodium-tetradecyl-sulfate foam. *Cardiovasc Intervent Radiol* 2008; 31(4-Jan):778-84.
5. Hocquelet A, Le Bras Y, Balian E et al. Evaluation of the efficacy of endovascular treatment of pelvic congestion syndrome. *Diagn Interv Imaging* 2014; 95(3):301-6.
6. Kim HS, Malhotra AD, Rowe PC et al. Embolotherapy for pelvic congestion syndrome: long-term results. *J Vasc Interv Radiol* 2006; 17(2 pt 1):289-97.
7. Kwon SH, Oh JH, Ko KR et al. Transcatheter ovarian vein embolization using coils for the treatment of pelvic congestion syndrome. *Cardiovasc Intervent Radiol* 2007; 30(4):655-61.
8. Nasser F, Cavalcante RN, Affonso BB et al. Safety, efficacy, and prognostic factors in endovascular treatment of pelvic congestion syndrome. *Int J Gynaecol Obstet* 2014; 125(1):65-8.
9. Laborda A, Medrano J, de Blas I et al. Endovascular Treatment of Pelvic Congestion Syndrome: Visual Analog Scale (VAS) Long-Term Follow-up Clinical Evaluation in 202 Patients. *Cardiovasc Intervent Radiol* 2013.
10. Tu FF, Hahn D, Steege JF. Pelvic congestion syndrome-associated pelvic pain: a systematic review of diagnosis and management. *Obstet Gynecol Surv* 2010; 65(5):332-40.
11. Ball E, Khan KS, Meads C. Does pelvic venous congestion syndrome exist and can it be treated? *Acta Obstet Gynecol Scand* 2012; 91(5):525-8.
12. Society of Interventional Radiology (SIR). Pelvic Congestion Syndrome - Chronic Pelvic Pain in Women (Patient information). Available online at: <http://www.sirweb.org/patients/chronic-pelvic-pain/>. Last accessed April, 2014.