

# Collaborative care

The Memphis Vascular Center (MVC) consists of a group of board certified and sub-specialty trained Interventional Radiologists and offers comprehensive patient care that includes consultation, evaluation and diagnosis, as well as percutaneous and endovascular therapy. MVC has been on the forefront of collaborative care for many diseases affecting women in the Mid-south for more than 15 years.

Memphis Vascular Center, working closely with several OB/Gynecologists in the area, has successfully diagnosed and treated pelvic disorders such as Pelvic Vascular Congestion Syndrome (PVCS), May-Thurner Syndrome, and Uterine Fibroids. It has been stated that 30 percent of patients with pelvic pain have no clear etiology.

Common symptoms of PVCS are heaviness in legs, pain, varicose veins, and swelling. PVCS typically presents itself once a woman has been on her feet for long periods of time. The symptoms are all caused by venous hypertension. Other clinical signs are varicosities in the vulva, discoloration of the cervix and ovarian point tenderness during pelvic exams.

A good screening test is a CT of the pelvis with contrast to demonstrate the dilated parametrial veins. Treatment for this syndrome starts with a venogram in interventional radiology. As x-ray dye is injected into the veins under fluoroscopy, the radiologist will identify venous insufficiency or reflux in the veins.

Once the veins that are refluxing are identified, a catheter will be used for localization and embolization. This procedure is performed as an outpatient procedure and usually takes an hour. "Ovarian vein embolization has also shown to have no effect on luteinizing hormone levels, follicle-stimulating hormone levels or menstrual patterns," according to Ason Levy, MD, Director of Interventional Radiology at Northside Hospital in Atlanta.

May-Thurner syndrome is a disease process that involves deep venous thrombosis typically involving the left leg. This is a result of chronic compression of the left common iliac vein by the overlying right common iliac artery. Screening procedures for May-Thurners, include Doppler ultrasound or CT venography to demonstrate the abnormal flow and anatomy of the disease as well as the possibility of venous thrombosis. As an outpatient procedure, May-Thurner Syndrome can be treated by performing a venogram in interventional radiology. As x-ray dye is injected in the veins under fluoroscopy, the radiologist will identify the DVT and stenosis. Thrombolysis of the clot is initially performed using a fibrolytic medicine called tPA. A wire is then used to cross the stenosis and a balloon will be inflated or stent deployed across the stenotic area to sustain an open pathway in the vein.

Another common disease process we see in the Memphis area is uterine fibroids. This disease process mainly affects

African-American females. Most commonly, uterine fibroids are diagnosed with ultrasound or physical exam. One of the possible treatments is hysterectomy. MVC offers a uterus sparing procedure to eliminate uterine fibroids. This procedure is called Uterine Fibroid Embolization or UFE.

In 1998, MVC became the first group to perform a Uterine Fibroid Embolization procedure in Memphis. MVC physicians have been doing this procedure for more than 15 years. Judy Carney, MD with MidSouth OB/GYN, has seen many patients experiencing symptoms of fibroids such as cramping, heavy bleeding, and bloating. Dr. Carney's decision concerning which patients may be candidates for UFE is the most critical.

"Endometrial ablation is also a good option for treating heavy periods, but it is usually reserved for patients with smaller fibroids," states Dr. Carney. When discussing treatment options for uterine fibroids, Dr. Carney has found, "many patients are not aware of uterine fibroid embolization. The procedure has been a great alternative for patients who want to avoid traditional hysterectomy. In the past, patients with large fibroids have had larger incisions, longer hospital stays, increased blood loss, and a longer recovery period."

UFE is an outpatient procedure performed in the interventional radiology suite. It involves placing a catheter in the uterine arteries and injecting contrast to evaluate the blood flow to the fibroids. Once identified, these arteries are selected with the catheter and an embolic material is injected. This material only affects the fibroids and small surrounding areas. Typical recovery time for this procedure is anywhere from 7 to 10 days. We have experienced over a 90 percent clinical success rate with UFE and typically fibroids will decrease in size by 40-70 percent over a six-month period.

Dr. Belvia Carter and Dr. Deidrea Grandberry, with Woman's Physician Group in Memphis, have had many patients undergo the UFE procedure as an alternative to hysterectomy. They both agreed that the shorter recovery time has been very beneficial for their patients to get back to their normal activities.

Dr. Carter and Dr. Granberry state, "Many of our patients have such good outcomes that they typically share their experiences with their family and friends. "This is a collaborative effort between MVC and OB/Gynecologists. We strive to bring the most current techniques when treating your patients."

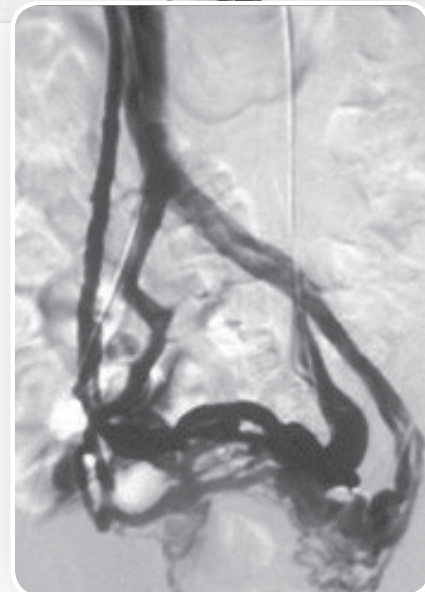
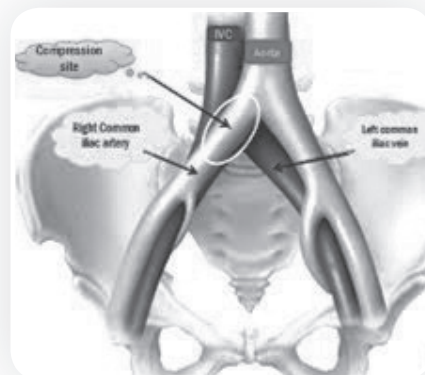
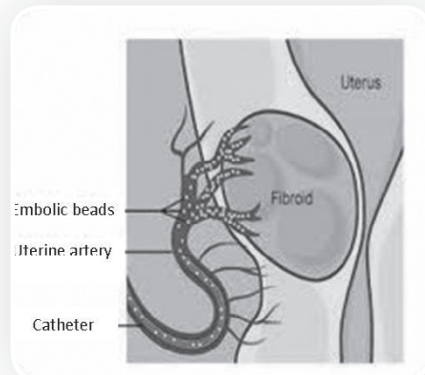


Image of pelvic congestion syndrome



May-Thurner's disease is characterized by the compression of the left iliac vein by the right iliac artery



UFE involves injecting embolic beads to cut off blood supply to the uterine fibroids.

For more information, please visit us at [memphisvascular.com](http://memphisvascular.com) or call 901-683-1890.



Women's Physician Group