

# Request title: Pelvic Congestion Syndrome (PCS)

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Date of Response: 12<sup>th</sup> February 2016

Further to your Freedom of Information request, the Trust has answered your questions in the order they appear in your request.

## Request and reply

Under the Freedom of Information Act, please could you provide the following information for Royal Devon and Exeter NHS Foundation Trust;

1. In each of the last three calendar years how many women a year are diagnosed with Pelvic Congestion Syndrome (PCS)?

The Trust does not collate this data.

This is not a current common diagnosis made by the Trust's gynaecologists. In the past, it was a more popular diagnosis whereby some clinicians thought that distended ovarian veins (seen on pelvic ultrasound) were responsible for pelvic discomfort similar to that which is experienced with varicose veins in the legs. Interventional radiologists having the ability to embolize these veins became involved in the treatment of some of these patients. The results of embolization however was very disappointing (in terms of symptom improvement) and has thus now fallen out of favour. There is no specific code to look up a specific test for PCS.

2. In each of the last three calendar years how many women have received a diagnostic test for PCS?

Please see the answer given above.

3. On average how many diagnostic tests do women presenting with pelvic pain receive prior to formal diagnosis?

The Trust does not collate this information.

Pain may be a single presenting symptom or one component of a number of different symptoms. The Trust does not record all these combinations in relation to subsequent requests for tests. Most women presenting with pelvic pain will have already had some investigations by their GP (e.g. genital tract swabs and pelvic ultrasound scan). Usually therefore the next step (if appropriate from the clinical history and examination) is a diagnostic laparoscopy. Not all will have this however if their pain is felt to be of a non-gynaecological origin, most commonly a functional bowel disorder. A small proportion will have MRI where there are concerns regarding possibility of adenomyosis or atypical pain suggesting possible neurological issues with the lower spine.

4. What information is offered to women who present with pelvic pain?

This depends upon the likely cause. The Trust tends to direct patients to NICE or NHS patient information on the internet or specific reputable disease websites / societies eg ESHRE (for endometriosis), Vulval pain society (for vulval pain), IBS (patient.info/health/irritable-bowel-leaflet), heavy menstrual bleeding (NICE patient information leaflet).

5. On average, how much money a year is spent on diagnostic tests for women presenting with pelvic pain?

This is not something that the Trust records.