

Policy:	<a href="#">Varicose Veins</a>	GM Ref:	GM003		
First issue date:	January 2015	Current version:	2.1	Last reviewed:	May 2016

### Policy inclusion criteria

Secondary care referral and management is commissioned for the following:

#### Urgent referral for bleeding

- They are bleeding from a varicosity
- They have bled from a varicosity and are at risk of bleeding again.

**Funding mechanism:** Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

#### Severe Varicose Veins

Interventions are commissioned for patients with severe varicose veins – these are varicose veins that are associated with **ONE** of the following:

- They have an ulcer which is progressive and / or painful.
- They have recurrence of an ulcer
- They have an ulcer which has failed to respond to 12 weeks or more of active treatment or is deteriorating despite treatment.
- Progressive skin changes indicative of varicose disease that may benefit from surgery.

**Funding Mechanism:** Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

#### Moderate Varicose Veins

Patients with:

- Atrophy blanche with hemosiderin deposition.
- Extensive tortuous varicose veins of the whole lower limb (indicative of long saphenous insufficiency) who would be considered at high risk of bleeding from minor external trauma.

**Funding mechanism:** Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

#### Mild Varicose Veins

Secondary care interventions are not routinely commissioned for this group of patients.

**Funding mechanism:** Individual prior approval provided the patient meets the above criteria. Requests should be submitted with all relevant supporting evidence, which must be provided with the request.

#### Secondary care management

On referral, duplex ultrasound to confirm the diagnosis and determine the presence and extent of truncal reflux should be undertaken prior to invasive treatment being undertaken.

Treatment should be offered as follows:

1. First offer **endothermal ablation** (NICE IPG8 and 52).
2. If endothermal ablation is unsuitable offer **ultrasound guided foam sclerotherapy** (NICE IPG440).
3. If ultrasound guided foam sclerotherapy is unsuitable then offer surgery.

**NOTE:**

- If incompetent varicose tributaries are to be treated, consider treating them at the same time.
- If compression hosiery or bandaging is offered do not use for more than 7 days.
- Do not use compression hosiery to treat varicose veins unless interventional treatment is not suitable.
- Do not carry out interventional treatment of varicose veins during pregnancy except in exceptional circumstances.

**Policy exclusions**

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathways for this exclusion to take effect).

**NOTE:** Thread veins and spider naevus / telangiectasia are included within the [GM Common Benign Skin Lesions policy](#)