

<b>Policy:</b>	<a href="#">Varicose Veins</a>			<b>GM Ref:</b>	<b>GM003</b>
<b>First issue date:</b>	<b>January 2015</b>	<b>Current version:</b>	<b>2.2</b>	<b>Last reviewed:</b>	<b>January 2018</b>

### 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](#)

### Policy inclusion criteria

All patients should be given advice on lifestyle changes, exercise and skin care.

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

Referral to a vascular service for patients with severe varicose veins – these are varicose veins that are associated with any 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 that have resulted in actual atrophie blanche, which is indicative of venous 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:

- Extensive tortuous varicose veins of the whole lower limb (indicative of long saphenous insufficiency) who would be considered at high risk of bleeding due to coagulation disorders, anticoagulant and other therapies affecting clotting time and extensive superficial veins of the lower leg particularly over bony prominences at risk of bleeding from **minor** external trauma.
- A single episode of phlebitis which affects 5cm or greater length in the long saphenous vein. **NOTE:** Applications for exceptionality can be made for other cases of thrombophlebitis but these must include a balanced assessment of risk including the risk of DVT from the proposed intervention.

**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.

Other cases of thrombophlebitis NOT listed above: Individual funding request (exceptional case) approval: Requests must be submitted with balanced assessment of risk including the risk of DVT from the proposed intervention

### **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.

Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality