



Clinical Thresholds

Condition or Treatment	Varicose Veins
Commissioning Threshold	<p>Referral to Secondary Care Services:</p> <p>Patients with bleeding or objective evidence of skin changes occurring as a result of venous hypertension (e.g. eczema, Lipodermatosclerosis, ulceration, or severe or recurrent bleeding) should continue to be referred to vascular surgery for an opinion and treatment if appropriate.</p> <p>Patients with varicose veins that interfere with activities of daily living; severe pain or itch not controlled by conservative measures or functional impairment can be referred to vascular surgery for an opinion and treatment if appropriate.</p>
Referral Guidance	<p>If the request meets the identified criteria the referral form needs to be completed and submitted via RSS. Exceptional cases can be referred to the CCG Individual Funding Request Panel for prior approval. Approved cases can be forwarded to a consultant with an option to treat if appropriate.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">Referral Form</p> </div>
Effective from	18 th November 2014
Summary of evidence / rationale	<p>Varicose veins are dilated superficial veins in the leg caused by incompetent venous valves. About a third of the population are affected by visible varicose veins in the legs; prevalence increases with age and they often develop during pregnancy.</p> <p>Asymptomatic varicose veins present as a few isolated, raised palpable veins with no associated pain, discomfort or any skin changes. Moderate varicose veins present as local or generalised dilatation of subcutaneous veins with associated pain or discomfort and slight ankle swelling. Severe varicose veins may present with phlebitis, ulceration and haemorrhage. About 3-6% of people who have varicose veins will go on to develop ulcers.</p> <p>There is some evidence that the clinical severity of venous disease is worse in obese persons, so advice on weight loss may help reduce symptoms and would make any intervention safer.</p> <p>Compression hosiery is widely used as first line treatment for varicose veins as a precursor to secondary care referral; however NICE have assessed the evidence for benefit as being weak, with many people finding compression stockings uncomfortable and difficult to put on.</p> <p>As most varicose veins do not cause serious health problems, treatment is not usually needed on medical grounds. However, if symptoms are severe the main treatment options include sclerotherapy; endovenous laser treatment, radiofrequency ablation and surgery</p>

	(usually stripping and ligation saphenous veins, and phlebectomies).
Date	October 2014
Review Date	October 2016
Contact for this policy	Dr Bruce Willoughby GP / Governing Member Brucewilloughby@nhs.net

References:

1. NICE Care Pathway
<http://pathways.nice.org.uk/pathways/varicose-veins-in-the-legs>
2. NICE Clinical Guideline 168 (July 2013) Varicose veins in the legs: the diagnosis and management of varicose veins
<http://guidance.nice.org.uk/CG168>
3. NICE IPG 8 (2003) Radiofrequency ablation of varicose veins.
<http://guidance.nice.org.uk/ipg8>
4. NICE IPG 52. (2004) Endovenous laser treatment of the long saphenous vein.
<http://guidance.nice.org.uk/ipg52>
5. NICE IPG 440. (2013) Ultrasound-guided foam sclerotherapy for varicose veins.
<http://guidance.nice.org.uk/ipg440>
6. NICE IPG 37 (2004) Trans illuminated powered phlebectomy for varicose veins.
<http://guidance.nice.org.uk/ipg37>
7. NICE IPG 435 (2013) Endovenous mechanochemical ablation for varicose veins
<http://guidance.nice.org.uk/ipg435>
8. **CEAP Classification**
<http://www.sigvaris.co.uk/en/scientific-corner/ceap-classification>