

Surgical Threshold Policy

Varicose Vein Interventions

Scope

This policy covers the treatment of Varicose Veins with interventions such as endothermal ablation (laser or radiofrequency), foam sclerotherapy and surgery. **Treatment for varicose veins will not be offered for cosmetic reasons.** Dilated collateral veins, secondary to deep venous insufficiency (such as damage following deep vein thrombosis), are not considered in this policy.

In accordance with NICE clinical guidance 168 and NHS England recommendations, patients with confirmed varicose veins and truncal reflux should be offered endothermal ablation (first line option). If endothermal ablation is unsuitable, patients should be offered ultrasound guided foam sclerotherapy (second line option). Surgery (third line option) should only be offered if both first- and second-line options are unsuitable. Where complete treatment requires any combination of foam/endothermal/ surgical interventions this is at the discretion of the surgeon and where possible should be delivered during the same treatment spell. It is accepted that where this is not possible, funding for treatment includes approval of funding for the second stage/spell of treatment.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. Interventions for varicose veins, other than where specified in this policy, are considered to be a low priority and will only be commissioned by the NHS on an exceptional case basis and clinicians need to apply to the Exceptional Cases Panel for approval of funding by completing the exceptional funding section of the Varicose Vein Interventions referral proforma.

Policy

Where patients have the following signs of venous disease funding for a varicose vein procedure is routinely funded and no exceptional or prior approval is required.

1. Significant bleeding from a varicosity that has eroded through the skin (this does not include bleeding under the skin, bruising or breaks in skin due to eczema).

OR

2. Chronic leg (between knee and ankle) ulceration secondary to venous stasis that has not healed within 2 weeks or healed venous leg ulcers.

OR

3. Superficial vein thrombosis (also known as SVT and previously known as superficial thrombophlebitis), with a hard, painful, red vein (these patients should be referred to the thrombosis team/pathway as an emergency – see the [Addenbrooke's superficial vein thrombosis guideline](#)).

OR

4. Skin changes (eczema, lipodermatosclerosis, atropine blanche) or persistent leg swelling due to chronic venous insufficiency.

For patients considered exceptional, clinicians need to apply to the Exceptional Cases Panel for approval of funding by completing the exceptional cases referral section on the Varicose Vein Interventions referral proforma. Please provide details of treatments used and their effectiveness, clinical measures of pain (degree/duration/management requirements) and limitations on activities of daily living (excluding occupational factors). These are the basis of the Exceptional Cases Panel decision and should be provided in as much detail as possible.

Notes:

Note 1: Compression hosiery to treat varicose veins should not be offered unless interventional treatment is unsuitable. If offering compression hosiery for use after interventional treatment, do not use for more than 7 days.

Note 2: Do not carry out interventional treatment for varicose veins during pregnancy other than in exceptional circumstances. Consider compression hosiery for symptom relief of leg swelling associated with varicose veins during pregnancy.

Smoking:

Patients who smoke should be advised to attempt to stop smoking– see [stop smoking policy](#).

Rationale and Evidence

Varicose veins affect a third of the population and may be a cosmetic concern in some, but they often cause symptoms such as aching legs, itchy veins or swollen feet and ankles. They may become inflamed and thrombosed (thrombophlebitis) and increased venous pressure in the leg can lead to skin damage (skin pigmentation, venous eczema, lipodermatosclerosis and venous ulceration). In rare cases, bleeding can occur following trauma to the vein or skin erosion (see reference 1). Three to six percent of people with varicose veins develop venous ulcers with increasing age and obesity being the strongest predictors.

NICE reviewed evidence on the diagnosis and management of varicose veins (July 2013 – see reference 1) and noted that overall, the quality of evidence was of low to very low quality, but that significant improvements are made in quality of life by intervention. Varicose veins are a progressive disease and therefore long-term recurrence is to be expected in up to 20-30% on imaging however not all patients need reintervention (see reference 2, 3 & 4). Randomised controlled trials show that leg ulcers due to varicose veins heal faster following interventional procedures even with optimal compression bandaging and early referral leads to reduced economic costs and improved quality of life, with improved outcomes out to 3 years (see references 5, 6 & 7). New interventions for varicose veins have become available such as cyanoacrylate glue, mechanochemical ablation and endovenous steam ablation. Their place in the hierarchy of treatment has yet to be defined by national guidance. Further studies are required to assess long-term outcomes (see reference 6).

Glossary

Atrophie blanche:	A venous skin change: star-shaped, ivory white, depressed atrophic scars with surrounding pigmentation.
Chronic venous insufficiency	A term reserved for advanced chronic venous disorders, which is applied to functional abnormalities of the venous system producing edema, skin changes, or venous ulcers.
Corona phlebectatica	A Fan-shaped pattern of numerous small intradermal veins on medial or lateral aspects of ankle and foot. Commonly thought to be an early sign of advanced venous disease. Synonyms include malleolar flare and ankle flare.
Deep vein thrombosis (also known as DVT):	A blood clot in a vein, usually the leg.
Eczema	Erythematous dermatitis, which may progress to blistering, weeping, or scaling eruption of skin of leg. Most often located near varicose veins

	but may be located anywhere in the leg. Usually seen in uncontrolled chronic venous disorders but may reflect sensitization to local therapy.
Edema	Perceptible increase in volume of fluid in skin and subcutaneous tissue, characteristically indented with pressure. Venous edema usually occurs in ankle region, but may extend to leg and foot
Endothermal ablation:	The use of energy either from high-frequency radio waves (radiofrequency ablation) or lasers (endovenous laser treatment) to seal affected veins.
Lipodermatosclerosis:	A venous skin change: can be acute or chronic. Inflammation and fibrosis of the dermis and subcutaneous tissue of the lower legs.
Pigmentation	Brownish darkening of skin, resulting from extravasated blood. Usually occurs in ankle region but may extend to leg and foot.
Reticular vein	Dilated bluish subdermal vein, usually 1 mm to less than 3 mm in diameter. Usually tortuous. Excludes normal visible veins in persons with thin, transparent skin. Synonyms include blue veins, subdermal varices, and venulectasies.
Superficial thrombophlebitis	Also known as superficial vein thrombosis results from thrombus formation in a superficial vein (most commonly the saphenous vein and its tributaries of the lower limbs), with associated inflammation in the tissue surrounding the vein. Varicose veins are the most common risk factor.
Telangiectasia	Confluence of dilated intradermal venules less than 1 mm in caliber. Synonyms include spider veins, hyphen webs, and thread veins.
Thrombophlebitis:	Phlebitis means "inflammation of a vein". The vein becomes inflamed because there's blood clotting inside it or the vein walls are damaged. Superficial thrombophlebitis is the term for an inflamed vein near the surface of the skin (usually a varicose vein) caused by a blood clot.
Ultrasound guided foam sclerotherapy:	Injection of special foam into the veins. The foam scars the veins, which seals them closed.
Varicose Eczema:	Inflammatory condition characterised by red, itchy, scaly, or flaky skin, which may have blisters and crusts on the surface.
Venous reflux in the legs:	Also known as venous insufficiency and is a medical condition affecting the circulation of blood in the lower extremities. The tiny valves that normally force blood back up towards the heart no longer function, causing blood to pool up in the legs, and the veins of the legs become distended.
Varicose vein	Subcutaneous dilated vein 3 mm in diameter or larger, measured in upright position. May involve saphenous veins, saphenous tributaries, or non-saphenous superficial leg veins. Varicose veins are usually tortuous, but tubular saphenous veins with demonstrated reflux may be classified as varicose veins. Synonyms include varix, varices, and varicosities
Venous stasis:	A condition of slow blood flow in the veins, usually the legs.
Venous ulcer	Full-thickness defect of skin, most frequently in ankle region, that fails to heal spontaneously and is sustained by chronic venous disorder.

References

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