

Treatment	Interventional treatments in acute care
For the treatment of	Varicose Veins
Background	The NHS does not routinely commission treatment in secondary care for varicose veins. This commissioning policy clarifies the care pathway and the criteria that must be met before interventional treatment or surgery is commissioned, and is based on the recommendations in the NICE Clinical Guideline CG168 (July 2013) <i>Varicose Veins in the legs – Diagnosis and Management</i> . The Clinical Guideline is only a recommendation and the CCG has identified grading / severity of varicose veins to support the criteria. Requests for surgical treatment outside the criteria outlined below and outside the pathway must be considered via the Individual Funding Request (IFR) Panel.
Commissioning position	<p>Prior to referral to acute care vascular services, a minimum of six months of conservative management needs to be clinically evidenced as unsuccessful, for patients in the C4 to C6 Clinical, Etiological, Anatomical and Pathophysiological (CEAP) classification¹, detailed below:</p> <ul style="list-style-type: none"> • C0 no visible or palpable signs of venous disease • C1 telangectasia or reticular veins • C2 varicose veins • C3 oedema • C4 changes in skin and subcutaneous tissue: eczema, lipodermatosclerosis or atrophie blanche • C5 as C4 but with healed ulcers • C6 skin changes with active ulcers venous insufficiency ulceration <p>Conservative management in primary care may include advice on:</p> <ul style="list-style-type: none"> • Walking and exercise • Avoidance of activities that exacerbate symptoms e.g. prolonged sitting or standing • Elevation of the legs when sitting down to increase venous return • Losing weight, if appropriate • Compression hosiery to relieve leg swelling associated with varicose veins (especially in pregnancy) <p>NHS Hull CCG will commission referral to a secondary care vascular service for patients with classification C4 to C6 (above) with any of the following symptoms that indicate a higher likelihood of disease progression:</p> <ul style="list-style-type: none"> • Bleeding varicose veins (immediate referral required) • Symptomatic primary or recurrent varicose veins that are causing severe pain, aching, discomfort, swelling, heaviness or itching • Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency • Superficial vein thrombosis (characterised by the appearance of hard, painful veins) and suspected venous incompetence • An active or healed venous leg ulcer. <p>Interventional treatment for varicose veins in pregnancy will not be commissioned unless exceptional circumstances apply and agreement is sought via the IFR Panel.</p>

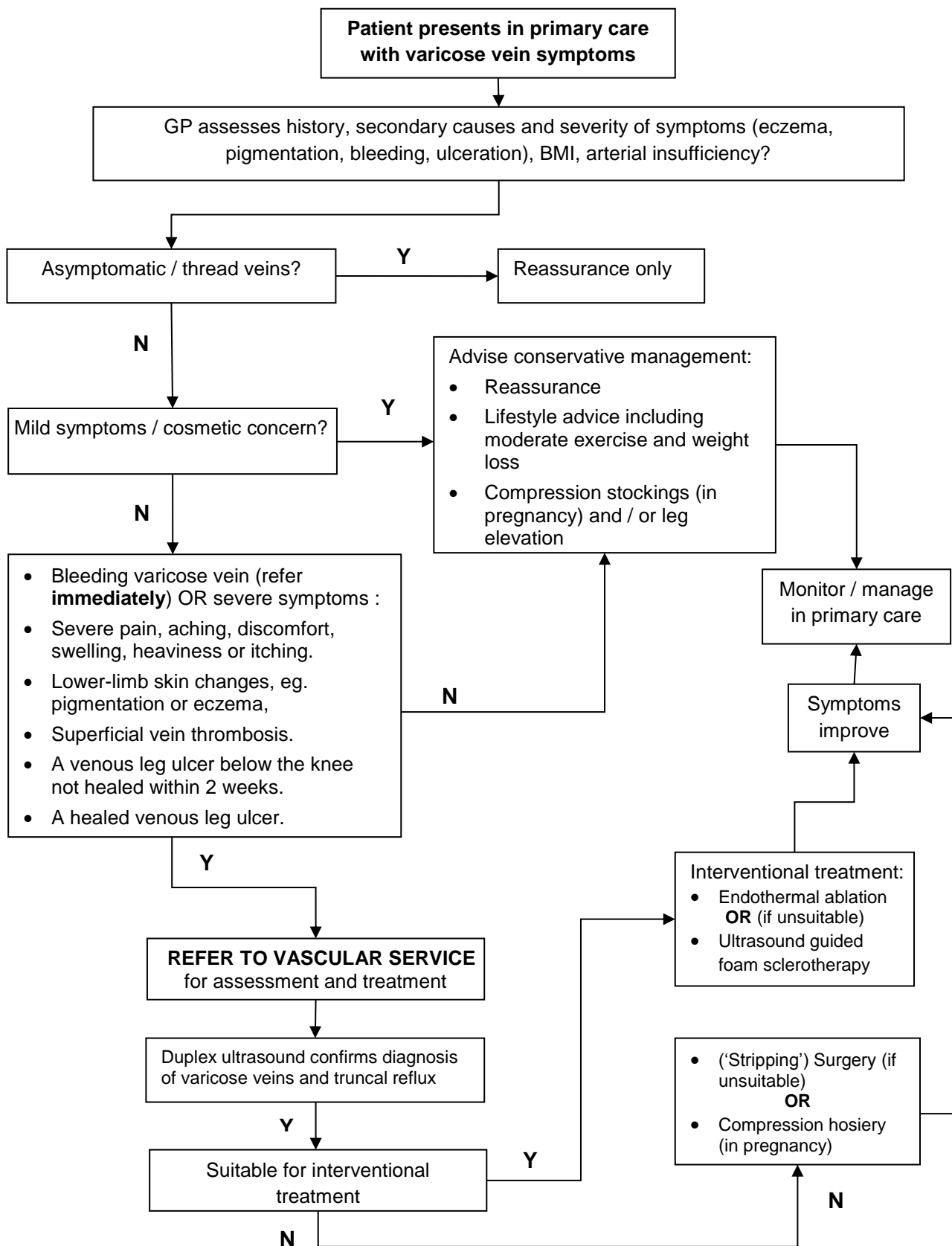
¹ NICE Clinical Guideline CG168 (July 2013) *Varicose Veins in the legs – Diagnosis and Management*.

	<p>NHS Hull CCG will not routinely commission Transilluminated Powered Phlebectomy or Endovenous Mechanochemical Ablation (NICE IPG435 and IPG37) to treat varicose veins, due to inadequate evidence on the safety and efficacy of these techniques.</p> <p>NHS Hull CCG will commission surgical treatment for varicose veins if the pathway has been clinically evidenced as being followed and after clinical assessment and the use of duplex ultrasound to confirm the diagnosis of varicose veins and the extent of truncal reflux (venous blood flowing backwards due to valves not working properly), is classified as severe.</p>
Effective from	1 st December 2016
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 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.</p> <p>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>Because most varicose veins do not cause serious health problems, treatment is not usually needed on medical grounds.</p>
Date	November 2016
Review Date	November 2017
Contact for this policy	<p>Karen Billany Head of Acute Care karen.billany@nhs.net</p>

References:

- NICE Care Pathway
<http://pathways.nice.org.uk/pathways/varicose-veins-in-the-legs>
- NICE Clinical Guideline 168 (July 2013) Varicose veins in the legs: the diagnosis and management of varicose veins
<http://guidance.nice.org.uk/CG168>
- NICE IPG 8 (2003) Radiofrequency ablation of varicose veins. <http://guidance.nice.org.uk/ipg8>
- NICE IPG 52. (2004) Endovenous laser treatment of the long saphenous vein.
<http://guidance.nice.org.uk/ipg52>
- NICE IPG 440. (2013) Ultrasound-guided foam sclerotherapy for varicose veins.
<http://guidance.nice.org.uk/ipg440>
- NICE IPG 37 (2004) Transilluminated powered phlebectomy for varicose veins.
<http://guidance.nice.org.uk/ipg37>
- NICE IPG 435 (2013) Endovenous mechanochemical ablation for varicose veins
<http://guidance.nice.org.uk/ipg435>

Varicose Vein care and Referral Pathway



(Adapted from: <http://pathways.nice.org.uk/pathways/varicose-veins-in-the-legs>)