

THRESHOLD POLICY – T6 VARICOSE VEINS

Policy author:	West Suffolk CCG and Ipswich and East Suffolk CCG, with support from Public Health Suffolk.
Policy start date:	December 2006
Subsequent reviews	March 2009 January 2011 March 2014 February 2017
Next review date:	February 2020

1. Policy Summary

- 1.1 Treatment of varicose veins in secondary care is considered a low priority treatment and will only be funded by the CCG if the criteria below have been met. Treatment will **NOT** be funded for cosmetic reasons or in pregnancy.
- 1.2 Diagnosis of varicose veins and truncal reflux must be confirmed on duplex ultrasound to be eligible for treatment. According to the NICE clinical guideline 168¹, treatment is to be offered in a stepwise approach. Endothermal ablation must be offered first and if it is unsuitable, the patient should then be offered ultrasound guided foam sclerotherapy as a second line option. Should sclerotherapy also be unsuitable then surgery may be offered as a third line option.
- 1.3 This policy doesn't apply to anyone <19 years of age.

2. Referral Criteria

- 2.1 Patients can be referred to secondary care if they meet **at least one** of the following criteria:
 - a) Intractable ulceration secondary to venous stasis.
 - b) Bleeding varicose vein or if the patient is at high risk of re-bleeding. (i.e. there has been more than one episode of minor haemorrhage or one episode of significant haemorrhage from a ruptured superficial varicosity.)
 - c) Significant and or progressive lower limb skin changes such as varicose eczema, or lipodermatosclerosis with moderate to severe oedema proven to be caused by chronic venous insufficiency (itching is insufficient for referral).
 - d) Recurrent thrombophlebitis (more than 2 episodes) associated with severe and persistent pain requiring analgesia and affecting activities of daily living and or instrumental activities of daily living*.

- e) If the patient is severely symptomatic (not covered by the above criteria) and this is affecting activities of daily living and or instrumental activities of daily living. - **ALL** below must apply:
- Symptoms must be caused by varicosity and cannot be attributed to any other co-morbidities or other disease affecting the lower limb.
 - There must be a documented unsuccessful six-month trial of conservative management**
 - The patient should have a BMI <30 or documented evidence of attempts to lose weight for at least 1 year in line with NICE obesity guidance²
 - Evidence that symptoms are affecting activities of daily living and or Instrumental activities of daily living.
 - In the opinion of a vascular specialist, these symptoms can be reversed or significantly improved with treatment.
- * Activities of daily living include: functional mobility, eating, bathing and personal care. They can be measured using the Barthel activities of daily living index³. Instrumental activities of daily living include more complex tasks such as care of others, community mobility, health management and meal preparation.
- ** Conservative management should include advice on walking and exercise, avoidance of activities that exacerbate symptoms, leg elevation whenever sitting.

- 2.2 Compression stockings should only be used where interventional treatment is unsuitable or the patient fails to meet the criteria.
- 2.3 This policy has been updated as of September 2016. The policy in line with current NICE guidance and other CCGs including Dorset CCG, Hull CCG, Greater Manchester CCGs, Gloucestershire CCG and South East London CCGs as referenced in the evidence brief.

3. Rationale

- 3.1 Varicose veins are dilated, tortuous, subcutaneous veins usually caused by weak vein walls and valves and are most commonly found in the legs. A number of things can increase the likelihood of developing varicose veins, including: gender, genetics, age, being overweight, occupation and pregnancy.⁴ Around a quarter of the population may be affected by varicose veins at some time in their lives.⁵
- 3.2 For most people, varicose veins are mainly a cosmetic concern however they can cause symptoms; the most common being aching legs, discomfort or itching over the veins and swollen feet and ankles.⁶ Complications of varicose veins including skin damage (such as eczema and pigmentation), bleeding (which can be life-threatening), superficial thrombophlebitis (SVT), and deep vein thrombosis (DVT). Up to 3-6% of patients with varicose veins go on to develop chronic venous ulceration.⁵
- 3.3 NICE guidance quality statement QS67 in line with NICE clinical guidance CG168 recommend that people with varicose veins that are causing symptoms or complications (including ulceration) are referred to a vascular service. People with varicose veins who are seen by a vascular service are assessed with duplex ultrasound and that people with confirmed varicose veins and truncal reflux are offered a suitable treatment in this order: endothermal ablation, ultrasound-guided foam sclerotherapy, surgery, compression hosiery.^{6,7}

- 3.4 NICE clinical knowledge summaries refer to offering information on lifestyle including advice to lose weight if appropriate.⁶ This is reflected in other CCG policies including Dorset CCG, Gloucestershire CCG and South East London CCGs.^{8,9,10}

4. References

1. NICE clinical guidance CG168 <https://www.nice.org.uk/guidance/cg168>
2. NICE Obesity guidance <https://www.nice.org.uk/guidance/cg189/chapter/1-Recommendations>
3. Foti D & Kanazawa L. Activities of daily living. In: Pendleton H & Shultz-Krohn (eds) Pedretti's Occupational Therapy: Practice Skills for Physical Dysfunction. 7th edition. United states. Elsevier mosby; 2008 p157-159.
4. NHS choices varicose veins <http://www.nhs.uk/Conditions/Varicose-veins/Pages/Causes.aspx>
5. Royal college of surgeons 2013 Commissioning guide Varicose veins <http://www.rcseng.ac.uk/healthcare-bodies/docs/published-guides/varicose-veins/view?searchterm=commissioning+guide+varico>
6. NICE clinical knowledge summaries Varicose veins <http://cks.nice.org.uk/varicose-veins#!backgroundsub>
7. NICE quality standard 67 Varicose veins in the legs (August 2014) <https://www.nice.org.uk/guidance/qs67>
8. Dorset CCG policy <http://www.dorsetccg.nhs.uk/Downloads/aboutus/Policies/Clinical/Policies%20from%20Sept%202014/Criteria%20based%20Access%20Protocol%20-%20Varicose%20veins.pdf>
9. Gloucestershire CCG policy www.gloucestershireccg.nhs.uk/wp-content/uploads/2015/08/Varicose-veins.doc
10. South East London CCGs' policy <http://www.lewishamccg.nhs.uk/about-us/Who-weare/Governing%20Body%20papers/Enc%20201%20SE%20London%20Treatment%20Access%20Policy.pdf>