

Policy statement:	Varicose Veins
Status:	Individual Prior Approval

Conservative management is the first line of treatment and applications will not normally be accepted without evidence that conservative management of asymptomatic and symptomatic varicose veins has been tried, and failed, for a period of at least six months.

Prior to consideration for intervention patients should be given information regarding

- Weight loss if they have a raised BMI
- Light to moderate physical activity
- Avoiding factors which are known to make their symptoms worse, if possible
- Use of compression stockings for a 6 month duration, where this is considered appropriate
- When and where to seek further medial help

M&SECCGS commissions treatment or surgery for varicose veins on a restrictive basis.

Funding for treatment or surgery will only be made available for Grade III and above Varicose Veins.

Grade III: Varicose veins with complications, including bleeding, recurrent phlebitis or eczema.

- Patients who have had bleeding associated with varicose veins should be referred urgently.
- Patients with recurrent thrombophlebitis and persistent varicose veins may be referred, especially if phlebitis has affected veins above the knee.
- Patients with eczema near the ankle or associated with varicose veins below the knee should be referred for specialist advice.



VARICOSE ECZEMA



STASIS GRAVITATIONAL ECZEMA

Interventional treatment should be in line with NICE guidance which identifies endothermal ablation as the first line intervention where suitable.

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Applications for funding in such circumstances should be made to the Exceptional Case Team but should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

References:

In drafting this policy it was noted that NICE CG 168 recommends that all symptomatic varicose veins should be referred for investigation and, where appropriate, treatment. Current resources cannot meet the demand that this would generate either in commissioning costs or in the capacity to undertake Doppler examinations etc. This policy is intended as a holding position until resources are available and the required pathway and contracting changes have been made to enable full adoption of NICE CG 168.

<http://www.nice.org.uk/guidance/CG168/chapter/introduction>