

Varicose Veins

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Please tick which leg requires procedure

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.

Left

Right

(Please complete separate forms for bilateral requests)

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

<p>Patients can only be referred for funding if they meet the criteria below.</p> <p>Please indicate that the patient meets the criteria:</p>		<p>Please tick</p> <p>✓</p>
	<ul style="list-style-type: none"> Grade III: Varicose veins with complications, including bleeding, recurrent phlebitis or eczema. <p>Please confirm the grade of Varicose Veins: _____</p>	

<p>Please confirm that the following conservative management has failed (where appropriate):</p>	<p>Please tick</p> <p>✓</p>
---	------------------------------------



	<ul style="list-style-type: none"> Use of compression stockings for a 6 month duration, where this is considered appropriate. <p>Please confirm the duration that the patient wore stockings:_____</p>	
	<ul style="list-style-type: none"> Weight loss if they have a raised BMI. 	
	<ul style="list-style-type: none"> Light to moderate physical activity. 	
	<ul style="list-style-type: none"> Avoiding factors which are known to make their symptoms worse, if possible. 	
	<ul style="list-style-type: none"> When and where to seek further medical help. 	

Further guidance:

- 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.

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

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
<small>Please indicate:</small>			
Name		Contact number	
Signature		Date	
Date			