Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

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 NHSE 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 (ECP) 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. High risk significant superficial vein thrombosis (SVT) (previously known as superficial thrombophlebitis), with a hard, painful, red vein affecting the saphenous vein (great or small saphenous) or above the knee (these patients should be referred to the thrombosis team/pathway as an emergency – **Addenbrooke's superficial vein thrombosis guideline**). **OR**
4. High risk skin changes at risk of ulceration, such as lipodermatosclerosis (with skin thickening and / or skin contour changes) or atrophie blanche, diagnosis confirmed in secondary care.

Where patients have the following signs and symptoms these conditions are a low clinical priority and prior approval from the Exceptional Cases Panel is required before the patient can be listed for a procedure

1. Quality of life, symptoms such as severe pain, itching or burning requiring regular medication and affects activities of daily living (but excludes occupational factors). **OR**
2. Recurrent low risk superficial vein thrombosis (SVT) - 2 or more episodes of SVT in below knee varicose veins only. **OR**
3. Skin changes at low risk of ulceration, such as varicose eczema and pigmentation.

The GP may apply after the patient's initial specialist opinion, using the clinical evidence in their records and the specialist opinion letter to substantiate the claim of severity. Clear clinical descriptions of the eczema/lipodermatosclerosis are required, such as the effects they have on the patient, the extent of skin damage, 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 ECP decision and should be provided in as much detail as possible.

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.

Note 3: Patients who smoke should be advised to attempt to stop smoking and referred to smoking cessation services – see **smoking cessation policy**

Evidence and Rationale

Varicose veins affect a third of the population and may be a cosmetic concern, but they can 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[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[1]) and noted that overall, the quality of evidence was of low to very low quality. Rates of recurrence in the longer-term are likely to be high for all interventional procedures[2] and intervention is, therefore, restricted to patients with severe symptoms. Randomised controlled trials show that leg ulcers due to varicose veins heal faster following interventional procedures[4, 5].

References

1. National Institute for Health and Clinical Excellence. Clinical Guideline: Varicose veins in the legs; the diagnosis and management of varicose veins; July 2013. Accessible on-line: http://guidance.nice.org.uk/CG168
2. Kheirelseid E A H, Crowe G, Sehgal R, et al. Systematic review and meta-analysis of randomized controlled trials evaluating long-term outcomes of endovenous management of lower extremity varicose veins. Journal of Vascular Surgery: Venous and Lymphatic Disorders 2018; 6(2):256-270.
3. Evidence-Based Interventions: Guidance for CCGs. Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence. November 2018. Updated 11 January 2019. Version 2. https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf
4. Barwell J R, Davies C E, et al. Comparison of surgery and compression with compression alone in chronic venous ulceration (ESCHAR study): randomised controlled trial. Lancet 2004.
5. Gohel M S, Heatley F, et al. A Randomized Trial of Early Endovenous Ablation in Venous Ulceration. NEJM 2018.

Glossary

Atrophie blanche:	A venous skin change: star-shaped, ivory white, depressed atrophic scars with surrounding pigmentation.
Deep vein thrombosis (DVT):	A blood clot in a vein, usually the leg.
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.

Glossary cont'd

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.
Venous stasis:	A condition of slow blood flow in the veins, usually the legs.