Derby and Derbyshire
Clinical Commissioning Group

CLINICAL POLICY ADVISORY GROUP (CPAG)

Varicose Vein Interventions Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

Black – criteria required to be met prior to referral

Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire CCG (DDCCG), in line with its principles for procedures of limited clinical value, has deemed surgery for varicose vein interventions to not routinely be commissioned unless specific criterions are met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by DDCCG.

1. Description of the Intervention

NICE has published detailed guidance on what treatment should be considered for varicose veins and when interventions for varicose veins (endothermal ablation, sclerotherapy or surgery) should be offered. Surgery is a traditional treatment that involves removal of the vein. Patients can get recurrence of symptoms which may need further treatment. Treatments like endothermal ablation or ultrasound-guided foam sclerotherapy are less invasive than surgery and have replaced surgery in the management of most patients. However surgery is the most appropriate option in some cases. Patients with symptomatic varicose veins should be offered treatment. Compression hosiery is not recommended if an interventional treatment is possible.

2. Summary of Intervention

There are various interventional procedures for treating varicose veins. These include endothermal ablation, ultrasound guided foam sclerotherapy and traditional surgery (this is a surgical procedure that involves ligation and stripping of varicose veins) all of which have been shown to be clinically and cost effective compared to no treatment or treatment with compression hosiery. Varicose veins are common and can markedly affect patient's quality of life, can be associated with complications such as eczema, skin changes, thrombophlebitis, bleeding, leg ulceration, deep vein thrombosis and pulmonary embolism that can be life threatening.

3. Recommendation

3.1 Intervention in terms of endovenous thermal laser/radiofrequency ablation, ultrasound guided foam sclerotherapy and open surgery (ligation and stripping) are all cost effective treatments for managing symptomatic varicose veins compared to no treatment or the use of compression hosiery. For truncal ablation there is a treatment hierarchy based on the cost effectiveness and suitability, which is endothermal ablation, then ultrasound guided foam and then conventional surgery.

3.2 Refer people to a vascular service if they have any of the following:

1. Lower‑limb skin changes thought to be caused by chronic venous insufficiency such as pigmentation or eczema.
2. Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence.
3. A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks - suggesting that there is underlying arterial or venous disease) secondary to a varicose vein.
4. A healed venous leg ulcer.

3.3 Refer people with bleeding varicose veins to a vascular service immediately.

3.4 Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

For further information, please see:

- https://www.nice.org.uk/guidance/qs67
- https://www.guidelinesinpractice.co.uk/nice-referral-advice-11-varicoseveins/300594.article
- https://www.nice.org.uk/guidance/cg168

*Symptomatic veins / purely cosmetic: The DDCCG does not commission management for the symptoms of pain, aching, discomfort, swelling etc.

Surgical treatment will only be funded if the following procedures have been offered prior to surgery if appropriate or available:

- Endothermal ablation
- Ultrasound-guided foam sclerotherapy
- Endovernous laser treatment of the long saphenous vein.

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4. Rationale for Recommendation

International guidelines, NICE guidance and NICE Quality Standards provide clear evidence of the clinical and cost-effectiveness and advise that patients with symptomatic varicose veins should be referred to a vascular service for assessment including duplex ultrasound.

Open surgery is a traditional treatment that involves surgical removal by 'stripping' out the vein or ligation (tying off the vein). This is still a valuable technique as it is still a clinically and cost-effective treatment technique for some patients but has been mainly superseded by endothermal ablation and ultrasound guided foam sclerotherapy.

Recurrence of symptoms can occur due to the development of further venous disease, which will benefit from further intervention (see above). NICE guidance states that a review of data from the trials of interventional procedures indicates that the rate of clinical recurrence of varicose veins at 3 years after treatment is likely to be between 10–30%.

5. References

Adopted from NHSE Evidence-Based Intervention: Guidance for CCGs cited as:
1. NICE Guidance: https://www.guidelinesinpractice.co.uk/nice-referral-advice11-varicose-veins/300594.article
2. NICE Guidance: https://www.nice.org.uk/guidance/cg168
3. NICE Quality Standard: https://www.nice.org.uk/guidance/qs67
4. Editor's Choice -Management of Chronic Venous Disease: Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). Wittens C, Davies AH, Bækgaard N, Broholm R, Cavezzi A, Chastanet S, de Wolf M, Eggen C, Giannoukas A, Gohel M, Kakkos S, Lawson J, Noppeney T, Onida S, Pittaluga P, Thomis S, Toonder I, Vuylsteke M, Esvs Guidelines Committee, Kolh P, de Borst GJ, Chakfé N, Debus S, Hinchliffe R, Koncar I, Lindholt J, de Ceniga MV, Vermassen F, Verzini F, Document Reviewers, De Maeseneer MG, Blomgren L, Hartung O, Kalodiki E, Korten E, Lugli M, Naylor R, Nicolini P, Rosales A Eur J Vasc Endovasc Surg. 2015 Jun;49(6):678-737. doi: 10.1016/j.ejvs.2015.02.007. Epub 2015 Apr 25.
5. The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. Gloviczki P1, Comerota AJ, Dalsing MC, Eklof BG, Gillespie DL, Gloviczki ML, Lohr JM, McLafferty RB, Meissner MH, Murad MH, Padberg FT, Pappas PJ, Passman MA, Raffetto JD, Vasquez MA, Wakefield TW; Society for Vascular Surgery; American Venous Forum. J Vasc Surg. 2011 May;53(5 Suppl):2S-48S. doi: 10.1016/j.jvs.2011.01.079..
6. A Randomized Trial of Early Endovenous Ablation in Venous Ulceration.Gohel MS1, Heatley F1, Liu X1, Bradbury A1, Bulbulia R1, Cullum N1, Epstein DM1, Nyamekye I1, Poskitt KR1, Renton S1, Warwick J1, Davies AH1; EVRA Trial Investigators. N Engl J Med. 2018 May 31;378(22):2105-2114. doi: 10.1056/NEJMoa1801214. Epub 2018 Apr 24

6. Appendices

Appendix 1- Consultation

Consultee	Date
Update based on Evidence-Based Intervention: Guidance for CCGs	11 Jan 2019
Public Health Input – Consultant in Public Health	April 2019
Clinical Policy Advisory group	May 2019
Clinical and Lay Commissioning Committee	July 2019

Appendix 2 - Document Update

Document Update	Date Updated
First produced policy - version 1	November 2014
Policy updated - version 2	April 2019
Policy updated (Addition of 'This policy is subject to a prior approval' as requested by contracting – version 2.1	September 2019
Policy updated (Addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq.' as requested by contracting) – version 2.2	November 2019