

CLINICAL POLICY ADVISORY GROUP (CPAG)

Varicose Veins 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, in line with its principles for procedures of limited clinical value has deemed that Surgery for Varicose Veins Interventions should not routinely be commissioned unless the criteria listed within this policy below have been met.

- Intervention in terms of endovenous thermal laser/radiofrequency ablation, ultrasound guided foam sclerotherapy and open surgery (ligation and stripping) are all cost effective treatments 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.
- Refer people to a vascular service if they have any of the following:
 - Lower-limb skin changes thought to be caused by chronic venous insufficiency such as pigmentation or eczema.
 - Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence.
 - 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.
 - A healed venous leg ulcer.
- Refer people with bleeding varicose veins to a vascular service immediately
- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

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

1. Background

Varicose veins are swollen and enlarged veins that usually occur on legs and feet. In the UK varicose veins occur in around 15–20% of adults. They may be blue or dark purple and are often lumpy, bulging or twisted in appearance. Symptoms include:

- Aching, heavy and uncomfortable legs
- Swollen feet and ankles
- Burning or throbbing legs
- Muscle cramp in legs particularly at night
- Dry, itchy and thin skin over the affected vein

For most people, varicose veins do not present a serious health problem. They may have an unpleasant appearance but should not affect circulation or cause long-term health problems. Most varicose veins do not require any treatment

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 patients 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.

2. Recommendation

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- Refer people to a vascular service if they have any of the following:
 - Lower-limb skin changes thought to be caused by chronic venous insufficiency such as pigmentation or eczema.
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 - 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.
 - A healed venous leg ulcer.
- Refer people with bleeding varicose veins to a vascular service immediately
- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

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
- Endovenous laser treatment of the long saphenous vein.

3. Rationale for Recommendation

International guidelines, NICE Guidance and NICE Quality Standards provide clear evidence of the clinical and cost-effectiveness that patients with 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, 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, that will benefit from further intervention (see above). NICE guidance states that a review of the 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%.

For people with confirmed varicose veins and truncal reflux NICE recommends:

- Offer endothermal ablation of the truncal vein
- If endothermal ablation is unsuitable, offer ultrasound-guided foam sclerotherapy.
- If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery
- Consider treatment of tributaries at the same time
- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

Complications of intervention include recurrence of varicose veins, infection, pain, bleeding, and more rarely blood clot in the leg. Complications of non-intervention include decreasing quality of life for patients, increased symptomatology, disease progression potentially to skin changes and eventual leg ulceration, deep vein thrombosis and pulmonary embolism.

4. Useful Resources

- NHS Website: Varicose Veins. <https://www.nhs.uk/conditions/varicose-veins/>
- NICE CKS. Varicose Veins, <https://cks.nice.org.uk/topics/varicose-veins/>

5. References

- NICE. Varicose Veins: Diagnosis and Management. CG168 Jul 2013 <https://www.nice.org.uk/guidance/cg168>
- NICE. Varicose veins in the legs. QS67 Aug 2014 <https://www.nice.org.uk/guidance/qs67>
- Academy of Medical Royal Colleges. Varicose Veins. <https://www.aomrc.org.uk/ebi/clinicians/varicose-vein-interventions/>

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Vascular Surgeon UHDB	Jan 2022
Consultant Vascular Surgeon UHDB	Jan 2022
Clinical Policy Advisory Group (CPAG)	March 2022
Clinical and Lay Commissioning Committee (CLCC)	April 2022

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 3.0</u> <ul style="list-style-type: none">Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.	March 2022

Derbyshire PLCV Referral Form
Varicose Veins

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE
"PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: SURGERY NOT OTHERWISE SPECIFIED_RAS"

REFERRALS WITHOUT FORMS WILL BE REJECTED

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>

Part A - PLCV criteria	
The CCGs will only fund surgical treatment of varicose veins when ONE of the following criteria are met:	ONE or more must apply
<ul style="list-style-type: none"> Lower-limb skin changes thought to be caused by chronic venous insufficiency such as pigmentation or eczema 	<input type="checkbox"/>
<ul style="list-style-type: none"> Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence 	<input type="checkbox"/>
<ul style="list-style-type: none"> 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 	<input type="checkbox"/>
<ul style="list-style-type: none"> A healed venous leg ulcer 	<input type="checkbox"/>

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

Additional clinical information that may have a bearing on the application

Prior Approval No.	
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Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.	
Name of referrer: _____	Date: _____

Part B - Reason for referral	
Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

Relevant SH & FH:

Date to be included	Single Code Entry: Tobacco consumption
Smoking status	Single Code Entry: Alcohol consumption
Alcohol	Single Code Entry: Occupations
Occupation	Single Code Entry: Ethnic category - 2001 census
Ethnicity	Single Code Entry: Military veteran
Veteran?	
Freetext:	
Detail which might assist timely discharge:	

Medication – Date to be included. The GP's need to have the option to EDIT this once it has been populated.

Allergies – Date to be included . The GP's need to have the option to EDIT this once it has been populated.

Useful values:

BP	Pulse rate	Height	Weight	BMI	HbA1C
Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - pulse rate	Single Code Entry: O/E - height	Single Code Entry: O/E - weight	Single Code Entry: Body mass index	Date
Date					

Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).

Appendix 4 - BlueTeq Form

PATIENT CONSENT	
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/> Yes <input type="checkbox"/> No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT DETAILS	
Clinician Making Request:	Trust:
Clinician Full Name:	Telephone:
Contact Email (nhs.net):	
PATIENT DETAILS	
Patient Name:	GP Practice Name:
NHS Number:	GP Practice Code:
Patient DOB:	Is the patient a smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Prior Approval Number:	
PROCEDURE CRITERIA	
<p>1. Have any of the following procedures been offered prior to surgery?</p> <ul style="list-style-type: none"> - Endothermal Ablation - Ultrasound-Guided Foam Sclerotherapy - Endovenous laser treatment of the long saphenous vein <p>OR</p> <p>The procedures are not available/appropriate</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Required
<p>2. Does the patient have one of the following clinical indications?</p> <ul style="list-style-type: none"> - Lower-limb skin changes thought to be caused by chronic venous insufficiency such as pigmentation or eczema. - Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence. - 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. <p>A healed leg ulcer.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Required
ADDITIONAL INFORMATION	
Please provide any additional clinical information that may have a bearing on the application in the text box below.	
SUBMISSION DECLARATION	
I confirm that the above information is complete and accurately describes the patient's condition.	
Submitting User	Date