Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Varicose Veins Interventions Policy

Criteria
■Black – criteria required to be met prior to referral
■Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB, 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.

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

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

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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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.

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. Shared Decision-Making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

Decision support tools, also called patient decision aids, support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. 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/
- NHS England » Decision support tool: making a decision about treatment for varicose veins

6. 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/

7. 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**
Version 3.0 • 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
Version 3.1 • Reference to prior approval removed	July 2024
Version 3.2 • Reference to shared decision making added • Symptomatic veins/purely cosmetic statement added to policy statement box	September 2024