

Policy for the Treatment of Varicose Veins

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Lancashire and South Cumbria Clinical Commissioning Groups (CCGs)

Policies for the Commissioning of Healthcare

Policy for the Treatment of Varicose Veins

	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
1	Policy Criteria
1.1	The CCG will commission the interventional treatment of varicose veins when the following criteria are satisfied ¹ : <ul style="list-style-type: none"> 1.1.1 • The patient has symptomatic* primary or recurrent varicose veins OR 1.1.2 • The patient has either a healed or active venous leg ulcer OR 1.1.3 • The patient has had superficial vein thrombosis (thrombophlebitis) OR 1.1.4 • There is bleeding from a varicosity (patients should be referred immediately) OR 1.1.5 • The patient has lower limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency. AND 1.1.6 • Duplex ultrasound has confirmed the diagnosis of varicose veins. <p>*For the purpose of this policy symptomatic varicose veins are defined as veins found in association with troublesome lower limb symptoms (typically pain, aching, discomfort, swelling, heaviness and itching)²</p>
1.2	The CCG will not commission the interventional treatment of varicose veins for solely cosmetic purposes ¹ .
1.3	The CCG expects that interventions are considered in the following order, in line with NICE CG168 ² : <ul style="list-style-type: none"> - Offer endothermal ablation of varicose veins and endovenous laser treatment of the long saphenous vein as a first line intervention. - If endothermal ablation is unsuitable, offer ultrasound guided foam sclerotherapy. - If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery.
1.4	Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable. ²
1.5	Interventional treatment for varicose veins during pregnancy should not be done other than in exceptional circumstances ² .

	Compression hosiery for symptom relief of leg swelling associated with varicose veins during pregnancy should be considered as the first line of management.
2	Scope and definitions
2.1	<p>The scope of this policy includes requests for the treatment of varicose veins in adults aged 18 years or older with primary or recurrent varicose veins in the legs including the use of:</p> <ul style="list-style-type: none"> - Endothermal ablation (including radiofrequency ablation of varicose veins and endovenous laser treatment of the long saphenous vein) - Ultrasound guided foam sclerotherapy - Surgery <p>It excludes the management of varicose veins in other parts of the body and people with venous malformations.</p>
2.2	<p>The CCG recognises that a patient may have certain features, such as</p> <ul style="list-style-type: none"> • having varicose veins; • wishing to have a service provided for their varicose veins; • being advised that they are clinically suitable for treatment of varicose veins, and • be distressed by their varicose veins, and by the fact that that they may not meet the criteria specified in this commissioning policy. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.3	<p>For the purpose of this policy the CCG defines varicose veins as dilated subcutaneous veins with reversed blood flow.</p> <p>The CCG recognises that in some people varicose veins are asymptomatic. Interventions specified in this policy would not be routinely funded for these cases.</p>
3	Appropriate Healthcare
3.1	The purpose of treatment of varicose veins is normally to seal the affected vein, preventing the ability for blood flow to reverse and reducing or removing the associated complications.
3.2	This policy relies on the principle of appropriateness as the CCG considers that the treatment of asymptomatic veins does not fulfil the criterion of appropriateness.
4	Effective Healthcare
4.1	The CCG does not call into question the effectiveness of the treatment of varicose veins and therefore this policy does not rely on the Principle of Effectiveness. Nevertheless, if a patient is considered exceptional in relation

	to the principles on which the policy does rely, the CCG may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.
5	Cost Effectiveness
5.1	The criterion at 1.4 relating to the clinical pathway relies on the criterion of cost effectiveness as the CCG considers that endothermal ablation is the most cost effective surgical treatment for the management of varicose veins. 1,2, 3
6	Ethics
6.1	The CCG does not call into question the ethics of the treatment of varicose veins and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.
7	Affordability
7.1	The CCG does not call into question the affordability of the treatment of varicose veins and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.
8	Exceptions
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
8.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
9	Force
9.1	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
9.2	In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then: <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.

	<ul style="list-style-type: none"> If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.
10	References
	<ol style="list-style-type: none"> NHS England (2018). Evidence-Based Interventions: Guidance for CCGs https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf National Institute for Health and Care Excellence Clinical Guideline CG168 Varicose veins:diagnosis and management https://www.nice.org.uk/guidance/cg168

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