

Procedure that requires prior approval

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 1 **Interventional Procedures for Varicose Veins**

Recommendation made by the Priorities Committee: **December 2013; reviewed July 2018¹**

Date of issue: **October 2014 / update January 2019**

The Thames Valley Priorities Committee has considered the evidence for treatment of varicose veins of the legs and, in particular, the NICE Clinical Guideline *Varicose veins in the legs* (CG168, July 2013)² and the Royal College of Surgeons *Commissioning guide: Varicose Veins* (2013)³. The Committee RECOMMENDS that patients should be referred to a vascular service for assessment for interventional treatment if they have **one or more** of the conditions associated with varicose veins listed below:

- **Bleeding** - patients with significant haemorrhage from a varicose vein should be referred **urgently** to a vascular service
- Recurrent and painful **thrombophlebitis**, despite 6-months of conservative management with compression stockings*
- Persistent and significant **eczema** associated with chronic venous insufficiency
- **Lipodermatosclerosis**
- Recurrent and persistent **leg ulceration** secondary to chronic venous insufficiency, despite 6-months of conservative management with compression stockings* for the first ulcer.

*A trial of compression hosiery is recommended unless the patient's ankle brachial pressure index (ABPI) is less than 0.8⁴. Patients with an ABPI of less than 0.8 should have the option to be referred to assessment for interventional treatment.

What are varicose veins?

Varicose veins are swollen and enlarged veins, usually blue or dark purple in colour. They may also be lumpy, bulging or twisted in appearance. They mostly occur in the legs. Varicose veins do not always need treatment.

¹ No changes have been made to this policy.

² <http://guidance.nice.org.uk/CG168>

³ <https://www.rcseng.ac.uk/standards-and-research/commissioning/commissioning-guides/topics/>

⁴ The ankle brachial pressure index (ABPI) is a method for measuring the severity of arterial occlusion in the leg, with a lower score indicating higher severity. Compression is normally contra-indicated if the ABPI is less than 0.8, and should be applied with caution if the ABPI is between 0.8 and 1.

Varicose veins in pregnancy

Varicose veins can develop during, or be exacerbated by, pregnancy. Interventional treatments are not indicated in pregnancy except in exceptional circumstances. Compression hosiery may be offered for symptom relief.

Compression stockings

Compression stockings are designed to steadily squeeze the legs to improve circulation. They are often tightest at the ankle and get gradually looser as they go further up your leg. This encourages blood to flow upwards towards the heart. Compression stockings may help relieve pain, discomfort and swelling in the legs caused by varicose veins. However, it is not known whether the stockings help prevent varicose veins from getting worse, or prevent new varicose veins appearing.

More information about types of compression stocking, how to put them on, and the care of stockings is available from the NHS Choices website:

<http://www.nhs.uk/Conditions/Varicose-veins/Pages/Treatment.aspx>

Primary diagnosis code

I839. Varicose veins of lower extremities without ulcer or inflammation

Procedure codes

L84.1 Combined operations on primary long saphenous vein
L84.2 Combined operations on primary short saphenous vein
L84.3 Combined operations on primary long and short saphenous vein
L84.4 Combined operations on recurrent long saphenous vein
L84.5 Combined operations on recurrent short saphenous vein
L84.6 Combined operations on recurrent long and short saphenous vein
L84.8 Other specified combined operations on varicose vein of leg
L84.9 Unspecified combined operations on varicose vein of leg
L85.1 Ligation of long saphenous vein
L85.2 Ligation of short saphenous vein
L85.3 Ligation of recurrent varicose vein of leg
L85.8 Other specified ligation of varicose vein of leg
L85.9 Unspecified ligation of varicose vein of leg
L86.1 Injection of sclerosing substance into varicose vein of leg NEC
L86.2 Ultrasound guided foam sclerotherapy for varicose vein of leg
L86.3 Injection of glue into varicose vein of leg
L86.8 Other specified injection into varicose vein of leg
L86.9 Unspecified injection into varicose vein of leg
L87.1 Stripping of long saphenous vein
L87.2 Stripping of short saphenous vein
L87.3 Stripping of varicose vein of leg NEC
L87.4 Avulsion of varicose vein of leg
L87.5 Local excision of varicose vein of leg
L87.6 Incision of varicose vein of leg
L87.7 Transilluminated powered phlebectomy of varicose vein of leg

L87.8 Other specified other operations on varicose vein of leg
L87.9 Unspecified other operations on varicose vein of leg
L88.1 Percutaneous transluminal laser ablation of long saphenous vein
L88.2 Radiofrequency ablation of varicose vein of leg
L88.3 Percutaneous transluminal laser ablation of varicose vein of leg NEC
L88.8 Other specified transluminal operations on varicose vein of leg
L88.9 Unspecified transluminal operations on varicose vein of leg

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>