

SHIP8 Clinical Commissioning Groups' Priorities Committee

Policy Statement 001: Interventional procedures for varicose veins

Date of issue: August 2014

Reviewed - August 2018 (no changes) and January 2020 (minor changes)

People with a body mass index less than 32 kg/m² who satisfy at least one of the following criteria may be considered for interventions to treat varicose veins:

- **a first venous ulcer**
- **a recurrent venous ulcer**
- **haemorrhage from a superficial varicosity**

NHS funding for treatment in all other circumstances is LOW PRIORITY.

Varicose veins are veins which have become enlarged and tortuous. They are usually asymptomatic, but can be complicated by inflammation, skin changes including ulceration, and rupture and bleeding.

In exceptional circumstances, recurrent and severe thrombophlebitis in some patients may be an indication for treatment. Such patients should be referred via the individual funding request route.

It would be useful to identify patients with varicose veins at greater risk of developing venous ulceration. In its clinical guideline on varicose veins¹, NICE reported four studies about which signs, symptoms and/or patient characteristics are associated with the progression of varicose veins to a more severe stage or to ulceration. One was published only in abstract, and the other three used case-control designs, which have a high risk of bias. NICE graded one as low quality, and the other three as very low quality. This evidence does not provide a reliable indication of which patients will progress to ulceration.

The Committee recommends that endothermal ablation is the preferred intervention. Foam sclerotherapy should not be used as first line intervention in line with NICE recommendations

1. National Institute for Health and Care Excellence. Varicose veins in the leg: the diagnosis and management of varicose veins (CG168). London: NICE, 2013.
(<http://guidance.nice.org.uk/CG168>)

NOTES:

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy may be reviewed in the light of new evidence or guidance from NICE. The Committee have held 'due regard' to the NHS England Evidence-based Interventions document but decided to hold its position regarding the criteria and the evidence base supporting it as reviewed in 2018 and 2019