



Intervention	056. Varicose vein interventions
For the treatment of	Varicose veins (Dilated superficial veins)
Commissioning Position	<p>These interventions are commissioned if the following criteria have been met: Assessment, using duplex ultrasound, has been undertaken following referral to a vascular service, due to the person having one or more of the following-</p> <ul style="list-style-type: none"> • primary or recurrent varicose veins causing symptoms that have a significant impact on quality of life and interfere with activities of daily living • lower limb- skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency • recurrent 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) • a healed venous leg ulcer. <p>OR</p> <p>The patient has been referred to a vascular service following bleeding from varicose veins.</p> <p>If duplex ultrasound confirms truncal reflux, the order of preference for intervention (subject to suitability) is:</p> <ul style="list-style-type: none"> • First choice - endothermal ablation • Second choice - ultrasound-guided foam sclerotherapy • Third choice - surgery. <p>Consideration should be given to treating incompetent varicose tributaries at the same time.</p> <p>These interventions are not otherwise commissioned for personal preference on cosmetic grounds or for mild symptoms.</p>
Summary of Rationale	<p>Most varicose veins do not cause serious health problems, so treatment is not usually needed on clinical grounds. Asymptomatic ones present as a few isolated, raised palpable veins with no associated pain, discomfort or any skin changes. However, varicose veins can markedly affect patients' quality of life, and 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.</p> <p>For truncal ablation there is a treatment hierarchy based on the cost effectiveness and suitability, which is endothermal ablation then ultrasound guided foam, then conventional surgery. These are all cost effective compared to no treatment or the use of compression hosiery.</p>
References	<p>CG168 Varicose veins: diagnosis and management (NICE) Varicose vein interventions - EBI (aomrc.org.uk) IPG8 Radiofrequency ablation of varicose veins (NICE) IPG440 Ultrasound-guided foam sclerotherapy for varicose veins (NICE) IPG52 Endovenous laser treatment of the long saphenous vein (NICE)</p>
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