

Policy Category:

CBA

Who usually applies for funding?

N/A

Varicose Vein treatment

Commissioning decision

The ICB will provide funding for secondary care treatment of varicose veins for patients who meet the criteria defined within this policy.

Policy Statement:

Patients with mild to moderate symptoms will benefit from conservative management with weight management, exercise and when appropriate compression hosiery. Evidence that these have been discussed and tried will be required in any referral letter where referral is primarily for symptoms in less severe disease.

Treatment is commissioned for:

- Patients with severe skin changes (more than just mild varicose eczema)
- Patients with episodes of external bleeding
- Recurrent superficial thrombophlebitis
- Venous ulceration that is recurrent and/or that is not healing within 6 weeks despite standard evidence based effective care with Doppler assessment, compression, elevation etc.
- Patients with troublesome symptoms interfering with normal work or educational responsibilities and/or normal domestic activities.

Effective treatment of varicose veins that are likely to produce complications, especially persistent ulceration, are clearly important good value care but treating more minor disease with modifiable non-operative modalities available is poor value care and not routinely commissioned.

Rationale:

Estimates of the prevalence of varicose veins vary. Visible varicose veins in the lower limbs are estimated to affect at least a third of the population. Risk factors for developing varicose veins are unclear, although prevalence rises with age, and they often develop during pregnancy.

In some people varicose veins are asymptomatic or cause only mild symptoms, but in others they cause pain, aching or itching and can have a significant effect on their quality of life. Varicose veins may become more severe over time and can lead to complications such as changes in skin pigmentation, bleeding or venous ulceration. It is not known which people will develop more severe disease, but it is estimated that 3–6% of people who have varicose veins in their lifetime will develop venous ulcers.

Because varicose veins are so common and treating many patients with minor symptoms and no complications would give very poor value criteria-based access is applied in this ICB.

Plain English Summary:

Varicose veins are blood vessels just under the skin that have become enlarged and twisted. The term commonly refers to surface veins in the leg, although varicose veins can occur [elsewhere](#). Veins have a valve system within them to prevent blood from flowing

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downwards from the effect of gravity and help the blood return to the heart. When veins become varicose, the valves have a degree of damage, causing leakage which means they do not work as effectively and can look thick and knobbly. Most people with varicose veins have no symptoms and do not need treatment other than lifestyle measures such as reducing weight, increasing exercise (e.g. walking) and sometimes wearing support/compression stockings/hosiery. Some people are concerned about the appearance of the veins, but treatment for cosmetic reasons is not usually funded through the NHS.

Self-help measure such as those mentioned above should be tried in the first instance, but where symptoms are more severe, or there may be a risk of other complications developing as a result of the varicose vein(s) NHS Gloucestershire Integrated Care Board (ICB) will consider funding other treatments.

Treatment is commissioned for:

- People with severe skin changes
- People with veins who bleed
- Repeated inflamed lumps under the skin with painful symptoms
- Skin that breaks down because of ulceration and does not heal quickly and tests show a blood supply problem.
- People with troublesome symptoms interfering with normal work or educational responsibilities and/or normal domestic activities.

If your doctor believes that you meet the criteria set out in this policy the ICB will fund the treatment.

Evidence base:

Similarity to other local ICB policies – Bristol, South Gloucestershire, North Somerset.

Reference to [-https://www.nice.org.uk/guidance/cg168](https://www.nice.org.uk/guidance/cg168)

For further information please contact GLICB.IFR@nhs.net

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Policy sign off:

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	8 th November 2016
Integrated Governance and Quality Committee	18 th June 2015

Version Control:

Version No	Type of Change	Date	Description of Change
2	Plain English summary changed. Review date.	4.12.18	Plain English summary changed by Liz Ponting. Review date changed to December 2021