

Varicose veins

What are they?

Varicose veins are swollen and enlarged veins that usually occur in the legs and feet. They may be blue or dark purple, and are often lumpy, bulging or twisted in appearance.

Varicose veins develop when the small valves inside the veins in the leg stop working properly. In a healthy vein, blood is prevented from flowing down the leg by a series of tiny valves that open and close to let blood through. If the valves weaken or are damaged, the blood can flow backwards and collect in the vein, eventually causing it to be swollen and enlarged (varicose).

Clinicians have developed a way of identifying the different levels (or Grades) of Varicose veins and, therefore, the treatment that will help you manage any symptoms:

Grade 0 – Thread/Flare or Reticular veins – these are small red or blue veins (less than 3mm in diameter).

Grade 1 – Varicose veins without symptoms

Grade 2 – Varicose veins with uncomplicated symptoms (some pain, aching, heaviness or swelling; but without any changes to the skin (eczema and or ulceration)

If you have these grades of varicose veins, your GP should advise you on the following ways to self-manage your condition:

- exercising regularly (light to moderate including ankle flexion)
- avoiding standing up for long periods
- elevating the affected area when resting (three or four times a day)
- losing weight
- Possibly using compression stockings (your blood circulation will first be checked to see if these are suitable for you)

We have worked with specialists on the policy wording and also checked available clinical evidence and there is no good evidence to help us to identify which patients with varicose veins (Grades 1 to 2) that might develop to the more serious symptoms described below. Therefore, we have concentrated on providing specialist treatment to patients with the more complicated varicose veins as these patients will have the highest clinical need.

Grade 3 – Varicose veins with complications, including bleeding, recurrent pain and irritation (phlebitis) or eczema

Grade 4- Varicose veins with signs of venous insufficiency including pain, hardening of skin, change in skin colour (redness) and swelling (lipodermatosclerosis) or healed ulceration

Grade 5- Varicose veins that have developed into an ulcer

If you have grade 3, 4 or 5 varicose veins, your GP can refer you to a specialist (a Vascular Consultant) to discuss your condition and determine which treatment is most appropriate. Whilst you are waiting to see a specialist, you should keep using the self management options we have described to help reduce your symptoms.

Proposed policy changes

The proposal is to use the Worcestershire version of the policy.

Both Worcestershire and Herefordshire policies say that NHS funded specialist referral and, possibly, treatment is approved for people who have Grade 3, 4 and 5 varicose veins.

However, the wording differs slightly. The local vascular surgeon advises **that adoption of the Worcestershire policy wording will mean that some Herefordshire patients with lower grade varicose veins may no longer be referred to or possibly treated in hospital.**

NHS England has also produced their own recommendations for NHS funded treatment of varicose veins, which are similar to the policies that the CCGs have written.

Estimated impact

Because the policies are very similar, and because we cannot access the level of information that would tell us how many patients in Herefordshire would no longer be referred in for a specialist appointment about their varicose veins, we are not able to estimate the true impact.

However, we can reassure you that:

1. all patients in Herefordshire and Worcestershire who go to see their GP about their varicose veins will be assessed using the standard Grading of their condition.
2. If their varicose veins are lower grade (0-2), patients will be given self-management advice to help them with their condition.
3. If their varicose veins are clinically more significant (grade 3 to 5) then patients will be referred to see a specialist for a discussion about the appropriate treatment of their condition.

If your GP is concerned about your condition, he or she also has access to specialist “advice and guidance” which means that they can discuss your condition with a specialist and together they can make a joint decision about what treatment you may need to access, to help you.

Also, the CCGs have a dedicated process, the Individual Funding Request process, which is set up to consider requests for NHS funded treatment that is not normally available on the NHS. Therefore, if your GP and specialist believe that special consideration needs to be made for a particular patient, they can contact the CCG to make that case; giving the CCG clear clinical information about how the patient is clinically exceptional (different) to any other patient with the same condition in our population. This process is only used in unusual circumstances and making an application does not guarantee NHS funding.

Have your say

Survey - You can give us your views by completing the survey:

<https://www.surveymonkey.co.uk/r/HWCCGPolicyAlignment>

Email - You can email any comments or queries to: hw.engage@nhs.net

Telephone - Or call us at 01905 681978

Please give your views by Monday 23 March 2020.

Additional Information**Original Herefordshire Policy:**

Prior Approval (Restricted) - This policy applies to endovenous laser ablation and all other treatments.

The CCG will fund the provision of specialist advice and surgery if clinically appropriate for patients with the following grades of varicose veins:

Grade 3: Varicose veins with complications, including bleeding, recurrent phlebitis or eczema

Grade 4: Signs of venous insufficiency – lipodermatosclerosis or healed ulceration

Grade 5: Active leg ulceration

The CCG does NOT fund referral or surgical intervention for patients with lower grade varicose veins (grades 0, I and II); this includes patients with symptomatic but uncomplicated varicosities.

Complications might include:

- Varicose veins which have bled and are at risk of bleeding again (immediate referral recommended). OR

- A history of varicose ulceration OR
- Signs of prolonged venous hypertension (haemosiderin pigmentation, eczema, induration lipodermatosclerosis), or significant oedema associated with skin changes) OR
- Superficial thrombophlebitis in association with varicose veins OR
- Significant symptoms attributable to chronic venous insufficiency which are resulting in significant functional impairment.

This is because if the above NICE and RCS criteria are met the Varicose Vein treatments detailed above are likely to reduce the likelihood of disease progression and improve quality of life by reducing symptoms.

Varicose Vein Grading - Description of grading for varicose veins varies from source to source but is generally in accordance with the following which, in increasing order of severity, will be used for the purpose of this policy:

Grade 0: Thread/Flare/Reticular veins - These are small red / blue venular flares. Reticular veins are easily visible small blue veins (less than 3mm diameter), not associated with large vein valvular incompetence. These may be unsightly but are of cosmetic concern only.

Grade 1: Varicose veins without symptoms - Patients with truncal varicosities which may be associated with large vessel valvular incompetence but are asymptomatic.

Grade 2: Uncomplicated varicose veins with symptoms such as pain, aching, heaviness or swelling in the absence of ulceration and/or skin changes. This may be gross varicose veins that are asymptomatic or moderate veins that cause mild itching, mild oedema and/or mild aching in the absence of ulceration and/or skin changes.

Grade 3: Varicose veins with complications, including bleeding, recurrent phlebitis or eczema. Obvious thrombophlebitis, bleeding from varicose veins or present with objective evidence of venous hypertension – pitting oedema, lipodermatosclerosis or varicose eczema

Grade 4: Signs of venous insufficiency – lipodermatosclerosis or healed ulceration. This group includes healed varicose ulcers, inflamed lipodermatosclerosis, infected varicose eczema and severe extensive thrombophlebitis.

Grade 5: Active leg ulceration

Note: compression hosiery should not be offered to treat varicose veins unless interventional treatment is unsuitable.

Original Worcester Policy:

Prior Approval (Blueteq)

Grade 0 - Thread/Flare/Reticular veins

Grade 1 - Varicose veins without symptoms

Grade 2 - Uncomplicated varicose veins with symptoms such as pain, aching, heaviness or swelling in the absence of ulceration and/or skin changes

Referral & Surgical/Other Intervention NOT SUPPORTED

Conservative management recommended including where appropriate:

- light to moderate exercise (ankle flexion)
- daily elevation three or four times a day
- weight loss

Consideration may also be given to compression hosiery.

Grade 3 - Varicose veins with complications, including bleeding, recurrent phlebitis or eczema

Grade 4 - Signs of venous insufficiency – lipodermatosclerosis or healed ulceration

Grade 5 - Active leg ulceration

Referral & Surgical/Other Intervention is SUPPORTED

Notes:

1. Patients presenting with bleeding varicosities should be referred immediately
2. Patients waiting for an appointment are advised to engage in the conservative measures detailed above

Rationale:

- a. There is no good evidence to identify patients with symptomatic varicose veins whose condition might deteriorate and who should be prioritised for treatment in the absence of complications. Resources are limited and therefore priority is given to patients with greatest need.
- b. Intervention in patients with identified symptoms and complications will treat the condition and limit development of further clinical problems.