

Varicose Vein Intervention

VERSION CONTROL

Version:	2.0
Ratified by:	Governing Body Meetings in Common
Date ratified:	20 March 2019
Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group/NHS England
Name of responsible committees:	Clinical Quality and Governance Committee
Date issued:	1 April 2019
Review date:	March 2022

VERSION HISTORY

Date	Version	Comment / Update
September 2015	1.0	Approved by Governing Body
March 2019	2.0	Approved by Governing Body meetings in common

Commissioning policy: Warwickshire North CCG (WNCCG)

Evidence-Based Intervention Commissioning policy:

Varicose Vein Intervention

Treatment	Varicose Vein Intervention
Indication	Varicose vein
Background	Intervention in terms of, endovenous thermal (laser ablation, and radiofrequency ablation), ultrasound guided foam sclerotherapy, open surgery (ligation and stripping) are all cost effective treatments for managing symptomatic varicose veins compared to no treatment or the use of compression hosiery. 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.
Referral	<p>Refer people to a vascular service if they have any of the following:</p> <ol style="list-style-type: none"> 1. Symptomatic * primary or recurrent varicose veins. 2. Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency. 3. Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence. 4. A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks). 5. A healed venous leg ulcer. <p>*Symptomatic: "Veins found in association with troublesome lower limb symptoms (typically pain, aching, discomfort, swelling, heaviness and itching)."</p> <p>For patients whose veins are purely cosmetic and are not associated with any symptoms do not refer for NHS treatment</p> <p>Refer people with bleeding varicose veins to a vascular service immediately.</p> <p>Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.</p>
Treatment:	<p>Refer to the locally agreed protocol for referral of varicose veins and the five classifications:</p> <ul style="list-style-type: none"> • Class 1 - represents thread veins or reticular veins with cosmetic symptoms. <u>Not funded</u> • Class 2 - represents varicose veins with no complications. <u>Not funded</u> • Class 3 - represents varicose veins with skin changes at the ankle with the additional possibility of further complications (bleeding, superficial thrombophlebitis, oedema). <u>Funded</u> • Class 4 - represents skin changes ascribed to venous disease pigmentation, venous eczema, lipodermatosclerosis. <u>Funded</u> • Class 5 and 6 - represents severe skin changes and/or active ulceration.

	Late stage venous disease. <u>Funded subject to full vascular assessment.</u>
Diagnostic and Procedure Codes	L832, L838, L839, L841, L842, L843, L844, L845, L846, L848, L849, L852, L853, L858, L859, L861, L862, L863, L868, L869, L871, L872, L873, L874, L875, L876, L877, L878, L879, L881, L882, L883, L888, L889
Equality Impact	See NHS England Equality and Health Inequalities – Full Analysis Form