

VARICOSE VEINS

PRIOR APPROVAL REQUIRED

Referral Criteria

Conservative management is the first line of treatment and applications will not normally be accepted without evidence that conservative management of asymptomatic and symptomatic varicose veins has been tried, and failed, for a period of at least six months, defined as:

- Light to moderate exercise and
- Daily elevation two or three times a day;

Evidence also suggests that patients with varicose veins and an elevated BMI may find their symptoms progress more quickly and may also suffer more post-surgery complications.

GPs must obtain prior approval before proceeding to refer patients for a consultation and investigations in Secondary Care.

Consideration will be given to requests made for the treatment of severe varicose veins which fulfil the following criteria:

- Evidence of 6 months of conservative management, unless contraindicated.

AND

- The patient has bleeding from a varicosity that has eroded the skin and is at risk of recurring.

OR

- Recurrent and persistent leg ulceration secondary to chronic venous insufficiency

NB Varicose Eczema is common in patients with Varicose Veins and not usually an indication on its own for surgical intervention. Patients suffering from Varicose Eczema should be managed conservatively with emollients and creams.

OR

- At least two episodes of documented superficial thrombophlebitis

OR

- The patient has symptoms from varicose veins that cause significant functional impairment.

Significant functional impairment is defined as: • Symptoms preventing the patient fulfilling activities of daily living or educational activities

Surgical Intervention

The choice of surgical intervention, namely, foam sclerotherapy, endothermal ablation or laser ablation for long saphenous veins and surgical stripping will be left to the discretion of the clinician

Primary care must obtain funding before referring patients to secondary care providers and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure inappropriate out-patient appointments are avoided and patient expectations are properly managed.