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| **VARICOSE VEINS** | | | | | | | | |
| **PRIOR APPROVAL REQUIRED** | | | | | | | | |
| **A Patient Information** | | | | | | | | |
| **Name** |  | | | | **Male** |  | **Female** |  |
| **Address**  **Post Code** |  | | | | | | | |
| **Date of Birth** |  | **NHS Number** | | |  | | | |
| **B Referrer’s Details (GP/Consultant/Clinician)** | | | | | | | | |
| **Name** |  | | | **Patient requested referral** | | | | |
| **Address**  **Post Code** |  | | | | | | | |
| **Telephone** |  | **Email** | |  | | | | |
| **GP Details (if not referrer)** | | | | | | | | |
| Name |  | Practice | |  | | | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient * Had a conversation with the patient about the most significant benefits and risks of this intervention – Where appropriate * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs * Checked that the patient understands spoken and written English, or clarified required needs   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel / IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient / representative has been informed of the details that will be shared for the purpose and consent has been given. | | | | | | | | |
| **Signed (referrer)** | | | **Date** | | | | | |
| **Submission**  The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to the appropriate email address: [BSWICB.EFR@nhs.net](mailto:BSWICB.EFR@nhs.net).  **To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an nhs.net account.** | | | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C Clinical Criteria - to be read in conjunction with the Varicose Vein Policy** |

**Right Leg:** Choose an item. **Left leg:** Choose an item. **Bilateral:** Choose an item.

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| **CLINICAL CRITERIA FOR SURGERY** | |
| 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. These measures are defined as: | |
| Light to Moderate exercise | Choose an item. |
| **AND** | |
| Daily elevation two or three times a day | Choose an item. |
| **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 | Choose an item. |
| **AND** | |
| The patient has bleeding from a varicosity that has eroded the skin and is at risk of recurring | Choose an item. |
| **OR** | |
| Recurrent and persistent leg ulceration secondary to chronic venous insufficiency | Choose an item. |
| **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 | Choose an item. |
| **OR** | |
| The patient has symptoms from varicose veins that cause significant functional impairment | Choose an item. |
| **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. | |
| * **Supporting information must be provided with the application (please document the evidence you are enclosing to support this request).** * **To enable the ICB to approve individual cases, information with examples of functional impairment using the guidance below should be provided.** * **The patient is welcome to provide a statement, to include examples of significant functional impairment.** | |
| **Significant functional impairment is defined as:** *Symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities.* | |