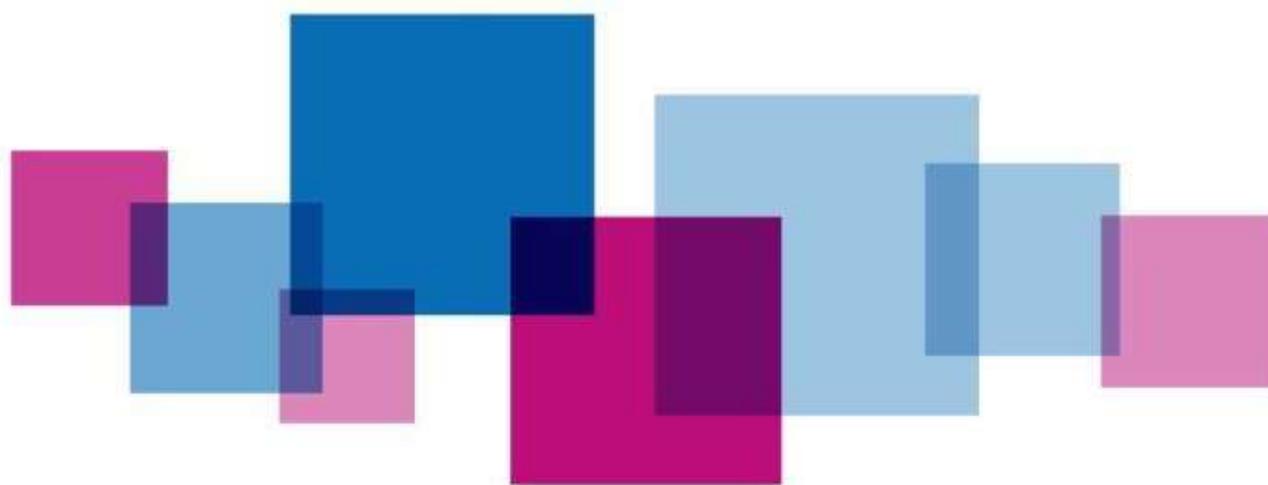


Commissioning Policy

Varicose Veins Surgery

Prior Approval



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1718.1.01	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.

**TREATMENT UNDER THIS POLICY REQUIRES PRIOR APPROVAL FROM THE ICB'S
EXCEPTIONAL FUNDING TEAM**

THIS POLICY RELATES TO ALL PATIENTS

Varicose Veins Surgery Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The ICB does not commission surgery for cosmetic purposes alone (Cosmetic Surgery NHS Choices).
2. Funding approval must be secured by the patient's treating clinician prior to referring patients for surgical opinions. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
3. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy.
4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>(Thelwall, 2015)
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and further damage to the voice box and improve healing. (ASH, 2016)
7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good

relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Varicose Veins Surgery

Varicose veins are veins which have become enlarged and tortuous. They are usually asymptomatic, but can be complicated by inflammation, skin changes (including ulceration), rupture and bleeding as well as pain and discomfort.

Superficial Thrombophlebitis occurs when a superficial vein (usually the long saphenous vein of the leg or its tributaries) becomes inflamed and the blood within it clots.

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. Evidence suggests that compression stockings improve symptoms but that a combination of exercise and compression stockings can improve symptoms more than stockings alone.

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. Patients should therefore be advised of the benefits of reducing their BMI in such cases.

Surgery does not achieve ulcer healing any faster than multi-layer compression treatment, but is more effective at preventing ulcer recurrence.

Pain, aching and/ or discomfort are not normally indicators on their own for surgical intervention.

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.

Treatments for varicose veins will not normally be funded. Surgical treatment will only be provided by the NHS for patients meeting the criteria set out below.

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

POLICY CRITERIA – COMMISSIONED	
PRIOR APPROVAL REQUIRED	
Referral should be considered for one or more of the following indications:	
Severe skin changes of the lower leg (below the knee) and ankle, including:	
OR	1. External bleeding from a varicosity that has eroded the skin and is at risk of recurring <i>as evidenced within the Primary Care Records.</i>
OR	2. A venous ulcer (a break in the skin below the knee that has not healed within 2 weeks) which persists despite a six-month trial of conservative management (exercise and daily elevation 2-3 times a day) and <i>is evidenced within the Primary Care Consultation Records.</i>
OR	3. Recurrent venous ulceration – minimum of two or more episodes within a 12 month period <i>as evidenced within the Primary Care Records.</i>
OR	4. Superficial vein thrombosis (characterised by the appearance of hard, painful veins) AND suspected venous incompetence <i>as evidenced within the Primary Care Records.</i>
OR	5. Recurrent superficial thrombophlebitis <i>as evidenced within the Primary Care Records.</i>

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB’s Exceptional Funding Panel upon receipt of a completed application form from the patient’s GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.

Connected Policies

N/A

This policy has been developed with the aid of the following references:

Ash. (2016). *Ash.org.uk*. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

Nice. (n.d.). *NICE Clinical Guidance for varicose veins in the legs*. Retrieved from www.nice.org.uk:
<https://www.nice.org.uk/guidance/CG168/chapter/1-Recommendations#referral-to-a-vascular-service-2>

Public Health Bristol City Council. (2016, 10 21). *Public Health Review*.

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes – For completion at a later date
