

Varicose Vein Surgery

Criteria Based Access & Prior Approval All Patients

Policy - Criteria to Access Treatment - Criteria Based Access

Referral should be considered for one or more of the following indications:

1. A venous ulcer (a break in the skin below the knee that has not healed within 2 weeks).

OR

2. Recurrent venous ulceration of the lower limb.

Policy - Criteria to Access Treatment - Prior Approval

Severe changes of the lower limb including:

1. External bleeding from a varicosity that has eroded the skin and is at risk of recurring *as evidenced within the Primary Care Records*.

OR

2. Superficial vein thrombosis (characterised by the appearance of hard, painful veins) **AND** suspected venous incompetence *as evidenced within the Primary Care Records*.

OR

3. Recurrent superficial thrombophlebitis *as evidenced within the Primary Care Records*.

For guidance please see <https://remedy.bnssgccg.nhs.uk/>

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

- Early assessment and if needed intervention often leads to better outcomes around venous ulceration

Risks

- Varicose veins can recur after surgery
- All surgery carries risks as well as benefits

Alternatives

- Continue to treat conditions conservatively, if appropriate.

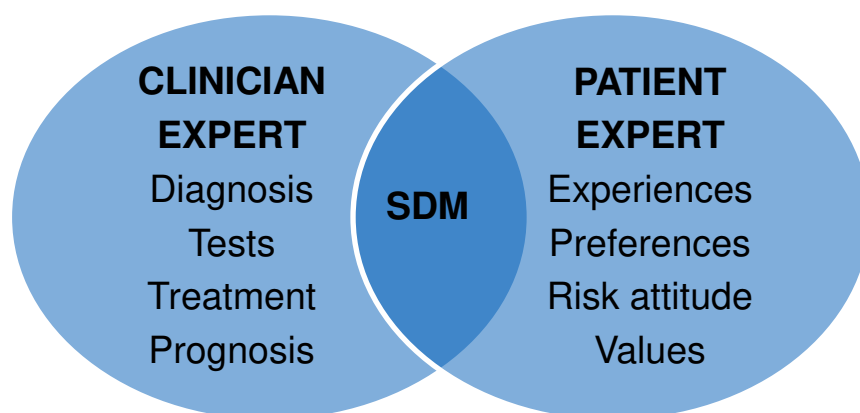
Do Nothing

- Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Shared Decision Making

If a person fulfils the criteria for [name of intervention], it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Varicose vein surgery– Plain Language Summary

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.

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

1. [Varicose veins - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

| Policy Category | Approval By |
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| Level 1 | Commissioning Policy Review Group. |
| Level 2 | Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair |
| Level 3 | ICB Board |

OPCS Procedure codes

Must have any of (primary only):

L831,L832,L838,L839,L841,L842,L843,L844,L845,L846,L848,L849,L851,L852,L853,L858,L859,L871,L872,L873,L874,L875,L876,L877,L878,L879,L881,L882,L883,L888,L889

Support

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