

Commissioning Policy

Varicose Veins

Criteria Based Access (CBA)

Date adopted: January 2025

Version: 3

Authorisation and document control

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Job title of author:	Commissioning Manager – Elective Care
Name of sign off group:	Commissioning Policy Review Group

Equality and Engagement Impact Assessment	
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Consultant Vascular Surgeon, Clinical Lead	January 2025
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Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
2	04.12.2018	Plain English summary changed. Review date agreed at December 2021		ECCP

3	23.01.2025	Policy statement updated. July 2025 review date agreed. New policy template adopted.		CPRG
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1.0 Background

Varicose veins are swollen and enlarged veins that can occur in your legs. They develop when the small valves inside the veins stop working properly. In a healthy vein, blood is prevented from flowing down the leg by a series of valves that open and close to let blood through. If the valves weaken or are damaged, the blood can flow backwards and collect in the vein, eventually causing it to become swollen and enlarged (varicose). This may cause symptoms such as pain, throbbing, aching or itching and can damage the skin of your leg which may be permanent.

Varicose veins are a common problem affecting up to 40% of adults. In some these are asymptomatic, but many people are affected by significant pain and complications including irreversible skin damage, venous eczema, venous thrombosis, ulceration, and bleeding. Overall, varicose veins have a significant impact upon Health-Related Quality of Life (HRQoL). Ulcer disease particularly has a severe impact upon HRQoL and is very expensive to treat.

International guidelines, NICE guidance and NICE Quality standards provide clear evidence of the clinical and cost-effectiveness that patients with symptomatic varicose veins should be referred to a vascular service for assessment, including duplex ultrasound.

2.0 Policy statement

Policy category	Policy details
CBA	<p>NHS treatment should not be offered to patients with asymptomatic varicose veins who wish to have treatment for purely cosmetic reasons.</p> <p>Patients with mild to moderate symptoms may benefit from conservative management with weight management, exercise and when appropriate compression hosiery.</p> <p>The ICB will fund surgical treatment of varicose veins if one of the following criteria is met:</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. 6. Bleeding varicose veins requiring treatment. <p><i>*Symptomatic = Veins found in association with troublesome lower limb symptoms (swelling, severe itching, significant pain) that are now restricting normal daily life.</i></p>

3.0 Patients who are not eligible for treatment under this policy

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 Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

- Cosmetic procedures – general principles

5.0 References

- *Varicose vein interventions* (2024) *Academy of Medical Royal Colleges - Evidence-based Interventions (EBI)*. Available at: <https://ebi.aomrc.org.uk/interventions/varicose-vein-interventions/> (Accessed: 27 November 2024).
- *Varicose veins: diagnosis and management* (2024) *National Institute of Health and Care Excellence*. Available at: <https://www.nice.org.uk/guidance/cg168> (Accessed: 27 November 2024).