

NHS England / NHS Dorset Clinical Commissioning Group

Varicose Vein Surgery Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

VARICOSE VEIN SURGERY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This policy describes the access criteria in respect of varicose veins surgery. NHS Dorset Clinical Commissioning Group, in consultation with local clinicians has developed access criteria.
- 1.2 This has been updated to reflect the NHS Evidence Based Interventions Policy (11th January 2019).
- 1.3 NICE has published detailed guidance on what treatment should be considered for varicose veins and when interventions for varicose veins (endothermal ablation, sclerotherapy or surgery) should be offered. Surgery is a traditional treatment that involves removal of the vein, patients can get recurrence of symptoms which may need further treatment. Treatments like endothermal ablation or ultrasound-guided foam sclerotherapy are less invasive than surgery and have replaced surgery in the management of most patients. However, surgery is the most appropriate in some cases. Patients with symptomatic varicose veins should be offered treatment of their varicose veins. Compression hosiery is not recommended if an interventional treatment is possible.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. EVIDENCE

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. Open surgery is a traditional treatment that involves surgical removal by 'stripping' out the vein or ligation (tying off the vein), this is still a valuable technique, it is still a clinically and cost-effective treatment technique for some patients but has been mainly superseded by endothermal ablation and ultrasound guided foam sclerotherapy.

Recurrence of symptoms can occur due to the development of further venous disease, that will benefit from further intervention (see above). NICE guidance states that a review of the data from the trials of interventional procedures indicates that the rate of clinical recurrence of varicose veins at 3 years after treatment is likely to be between 10–30%.

For people with confirmed varicose veins and truncal reflux NICE recommends:

- Offer endothermal ablation of the truncal vein.
- If endothermal ablation is unsuitable, offer ultrasound-guided foam sclerotherapy.
- If ultrasound-guided foam sclerotherapy is unsuitable, offer surgery.
- Consider treatment of tributaries at the same time

- Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable.

Complications of intervention include recurrence of varicose veins, infection, pain, bleeding, and more rarely blood clot in the leg. Complications of non-intervention include decreasing quality of life for patients, increased symptomatology, disease progression potentially to skin changes and eventual leg ulceration, deep vein thrombosis and pulmonary embolism.

4. RECOMMENDATION AND LIFESTYLE ADVICE

4.1 Intervention in terms of endovenous thermal (laser ablation, and radiofrequency ablation), ultrasound guided foam sclerotherapy, open surgery (ligation and stripping) are all cost effective treatments for managing symptomatic varicose veins compared to no treatment or the use of compression hosiery. For truncal ablation there is a treatment hierarchy based on the cost effectiveness and suitability, which is endothermal ablation then ultrasound guided foam, then conventional surgery.

4.2 Interventional treatment of varicose veins will only be commissioned when **ALL** the following criteria are met for people over the age of 18:

- have a stable BMI under 30 (stable defined as below 30 for 3 consecutive months prior to referral)
- 6 consecutive months' conservative management prior to referral, defined as
 - a. Light to moderate exercise **and**
 - b. daily elevation two or three times a day;
- There is documented evidence that the patient is aware of the complications and limitations of the treatment

AND

One or more of the following clinical criteria can be met:

- Varicose eczema
- Lipodermatosclerosis or a venous ulcer (which has taken over two weeks to heal)
- A previous venous ulcer
- At least two episodes of documented superficial thrombophlebitis
- A major episode of bleeding from the varicosity

3.2 Interventional treatment should be in line with NICE guidance which identifies endothermal ablation as the first line intervention where suitable.

3.3 For individuals who meet the criteria with one limb and have symptomatic varicose veins on their other limb; simultaneous bilateral intervention is supported. A separate procedure for the symptomatic limb is not commissioned.

3.4 Do not offer **compression hosiery** UNLESS interventional treatments are not suitable.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 NHS Dorset Clinical Commissioning Group recognises that there will be occasions when patients may have good clinical reasons for being treated as exceptions to the above. The IPT Policy is available on the NHS Dorset Clinical Commissioning Group website or upon request. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.
- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

This protocol is updated in line with NHS England Evidence Based Interventions Policy (11th January 2019) following national consultation July 2018 to November 2018.

- 6.1 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of NHS Dorset CCG's Clinical Reference Group in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	111
Author (Name and Job Title)	Tracey Hall, Head of Service, Elective Care
Date of approval by CRG	April 2019
Version	4.0
Review frequency	Every 3 years
Review date	February 2022

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
3.0	November 2015	Head of RDD, East	Formatting of protocol only
4.0	February 2019	Tracey Hall, Head of Service, Elective Care	NHSE Consultation July 2018 to November 2018

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
November 2015	3.0	December 2015	Change to new format		CCC
January 2019	4.0	February 2022	Changed in line with national policy (January 2019)	TBC 2019	CRG

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> NHS England Policy for Evidence Based Interventions, January 2019 Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES	
Evidence, including Hyperlink (if available)	Date
NICE Guidance: https://www.guidelinesinpractice.co.uk/nice-referral-advice-11-varicose-veins/300594.article NICE Guidance: https://www.nice.org.uk/guidance/cg168 NICE Quality Standard: https://www.nice.org.uk/guidance/qs67	

F	DISTRIBUTION LIST		
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