

<b>Policy title</b>	<b>Varicose veins: management and interventional procedures V2.0</b>
<b>Policy position</b>	<b>Criteria Based Access</b>
<b>Date of CCG/ ICB recommendation</b>	<b>December 2019/ Updated April 2025</b>

Varicose veins are most commonly found in the legs and develop when the small valves inside the veins become damaged and stop working properly. These valves open to let blood through and then close to stop it flowing backward. If the valves are damaged the blood can flow backward and collect in the vein. This causes the vein to become swollen and enlarged.

Varicose veins can be asymptomatic, but can sometimes cause pain, aching, discomfort, swelling, heaviness and itching in the lower leg. Varicose veins may become more severe over time and can lead to complications such as changes in skin pigmentation, bleeding or venous ulceration. It is estimated that 3–6% of people who have varicose veins in their lifetime will develop venous ulcers.

Patients with varicose veins can only be referred to a vascular service if they meet the specified criteria on page 2.

### **Assessment and management in primary care**

For the initial assessment of a patient, the clinical severity assessment can be simple observation and does not need special tests. There are seven grades of increasing clinical severity (CEAP classification for chronic venous disorders; Appendix 1).

Red/blue spider veins or flares are all forms of telangiectasia. Reticular veins (easily visible small blue veins) and telangiectasia do not need referral to secondary care. Grade 2 varicose veins which are of cosmetic concern only do not need specialist referral and treatment. However, these patients should be referred to secondary care if they have symptomatic varicose veins that are significantly affecting their activities of daily living, as outlined below.

Give self-care advice to relieve symptoms and reduce the risk of complications. Advise the patient to:

- Lose weight (if living with overweight or obesity). Please see the associated BLMK ICB policy, Weight Management Services for Adults.
- Engage in light to moderate physical activity.
- Avoid factors that exacerbate symptoms, such as sitting or standing for long periods of time.
- Elevate the legs when possible.

## **Criteria for referral to a vascular service**

### **Refer patients with bleeding varicose veins to a vascular service immediately.**

Patients with any of the following may be referred to a vascular service:

1. Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency.
2. Superficial vein thrombophlebitis (characterised by the appearance of hard, painful veins) and suspected venous incompetence.
3. A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks).
4. A healed venous leg ulcer.
5. The patient is severely symptomatic (not covered by the above criteria) and this is affecting activities of daily living and/or instrumental activities of daily living. Activities of daily living include: functional mobility, eating, bathing and personal care. Instrumental activities of daily living include more complex tasks such as care of others, community, mobility, health management and meal preparation. This should be documented in the patient's medical records.

## **Criteria for interventional treatment**

For criterion 5 above, vascular specialists should confirm both of the following before interventional treatment:

- a) Symptoms must be substantially caused by varicosity AND
- b) The symptoms affecting activities of daily living and or instrumental activities of daily living are likely to be reversed or significantly improved with treatment.

Compression hosiery can be an option for treatment whilst awaiting intervention, or for the indication of VTE prophylaxis when clinically appropriate.

### **For patients who are living with overweight or obesity and/ or are active smokers:**

Primary care and community services should offer referral to patients for weight loss and smoking cessation support at the earliest opportunity and in any case at the same time as referral to secondary care. Please see the associated BLMK ICB policy, Weight Management Services for Adults.

**For all patients:** Use of a quality assured [decision support aid<sup>4</sup>](#) is encouraged to support discussion of the risks, benefits and consequences of the treatment options available in the context of each person's life and what matters to them.

Assessment should include clinical examination and Duplex ultrasound. For patients with confirmed varicose veins and truncal reflux NICE guidance CG168 (2013) 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.
- If incompetent varicose tributaries are to be treated, consider treating them at the same time.

Pregnant individuals presenting with varicose veins should be given information on the effect of pregnancy on varicose veins; interventional treatments are unlikely to be an option. Compression hosiery should be considered for symptom relief of leg swelling associated with varicose veins during pregnancy.

**References:**

1. National Institute of Clinical Excellence (NICE) CG168: Varicose veins: diagnosis and management. Published July 2013.
2. Academy of Medical Royal Colleges. Evidence-Based Interventions List 2 Guidance. Published 2019 and updated September 2024.
3. NICE NG197: Shared decision making. Published June 2021.
4. NHS England. Decision support tools: Varicose veins: making a decision about treatment for varicose veins. Published July 2022.  
<https://www.england.nhs.uk/publication/decision-support-tools-making-a-decision-about-a-health-condition/>

**NOTE:**

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

**Appendix 1a. CEAP classification of venous disease<sup>1</sup>**

<b>Class</b>	<b>Description</b>
<b>C<sub>0</sub></b>	<b>No visible or palpable signs of venous disease</b>
<b>C<sub>1</sub></b>	<b>Telangiectasias or reticular veins</b>
<b>C<sub>2</sub></b>	<b>Varicose veins</b>
<b>C<sub>2r</sub></b>	<b>Recurrent varicose veins</b>
<b>C<sub>3</sub></b>	<b>Edema</b>
<b>C<sub>4</sub></b>	<b>Changes in skin and subcutaneous tissue secondary to chronic venous disease</b>
<b>C<sub>4a</sub></b>	<b>Pigmentation or eczema</b>
<b>C<sub>4b</sub></b>	<b>Lipodermatosclerosis or atrophie blanche</b>
<b>C<sub>4c</sub></b>	<b>Corona phlebectatica</b>
<b>C<sub>5</sub></b>	<b>Healed venous ulcer</b>
<b>C<sub>6</sub></b>	<b>Active venous ulcer</b>
<b>C<sub>6r</sub></b>	<b>Recurrent active venous ulcer</b>

<sup>1</sup> Lurie F et al. The 2020 update of the CEAP classification system and reporting standards. J Vasc Surg Venous Lymphat Disord. 2020 May;8(3):342-352. Erratum in: J Vasc Surg Venous Lymphat Disord. 2021 Jan;9(1):288.

## Appendix 1b. Examples of CEAP classification<sup>2</sup>



**Note that skin changes may present differently in darker skin tones.**

### Clinical coding:

Varicose vein interventions are included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme.

### Policy update record

April 2025 BLMK  
ICB Executive  
Team

- Clarification of the criteria-based access (CBA) position for referral of severely symptomatic varicose veins and removal of the additional (Priorities Forum) definition of 'symptomatic' and all references to the IFR process within the body of the policy
- Inclusion of reference to the NHS England decision making tool
- Inclusion of a statement regarding referral for weight loss/smoking support
- Update of Appendix 1 to show the revised CEAP classification and provide photographic examples
- Removal of Appendix 2 (Priorities Forum Adapted Revised Venous Clinical Severity Score)
- Addition of an introduction, self-care advice and management in pregnancy
- Removal of clinical codes from the policy; coding as per the national EBI programme.

Key words: Varicose veins

<sup>2</sup> Taengsakul N. Association of duplex ultrasonography findings with the severity of chronic venous disease in Thai patients. Asian J Surg. 2023 Jun;46(6):2304-2309.