

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

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| Policy Number/ Name | BOBFPC1 Interventional Procedures for Varicose Veins |
| Date of BOB ICB Adoption | February 2024 |

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the evidence for treatment of varicose veins of the legs and, in particular, the NICE Clinical Guideline Varicose veins in the legs (CG168, July 2013)¹ and the Royal College of Surgeons Commissioning guide: Varicose Veins (2013)². The Committee **RECOMMENDS** that patients should be referred to a vascular service for assessment for interventional treatment if they have one or more of the conditions associated with varicose veins listed below:

- **Bleeding** - patients with significant haemorrhage (serious enough to consider transfusion/admission) from a varicose vein should be referred **urgently** to a vascular service.
- Recurrent and painful **thrombophlebitis**, despite 6-months of conservative management with compression stockings*
- Persistent and significant **eczema** associated with chronic venous insufficiency.
- **Lipodermatosclerosis**.
- Recurrent and persistent **leg ulceration** secondary to chronic venous insufficiency, despite 6-months of conservative management with compression stockings* for the first ulcer.

*A trial of compression hosiery is recommended unless the patient's ankle brachial pressure index (ABPI) is less than 0.86. Patients with an ABPI of less than 0.8 should have the option to be referred to assessment for interventional treatment.

What are varicose veins?

Varicose veins are swollen and enlarged veins, usually blue or dark purple in colour. They may also be lumpy, bulging or twisted in appearance. They mostly occur in the legs. Varicose veins do not always need treatment.

Varicose veins in pregnancy

Varicose veins can develop during, or be exacerbated by, pregnancy. interventional treatments are not indicated in pregnancy except in exceptional circumstances. Compression hosiery may be offered for symptom relief.

Compression stockings

Compression stockings are designed to steadily squeeze the legs to improve circulation. They are often tightest at the ankle and get gradually looser as they go further up your leg. This encourages blood to flow upwards towards the heart. Compression stockings may help relieve pain, discomfort and swelling in the legs caused by varicose veins. However, it is not known whether the stockings help prevent varicose veins from getting worse or prevent new varicose veins appearing.

More information about types of compression stocking, how to put them on, and the care of stockings is available from the NHS Choices website: <http://www.nhs.uk/Conditions/Varicose-veins/Pages/Treatment.aspx>

¹ <https://www.nice.org.uk/guidance/cg168>

² <https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/varicose-veins-guide/>

* The ankle brachial pressure index (ABPI) is a method of measuring the severity of arterial occlusion in the leg, with a lower score indicating higher severity. Compression is normally contra-indicated if the ABPI is less than 0.8 and should be applied with caution if the ABPI is between 0.8 and 1.

Primary diagnosis code

I839. Varicose veins of lower extremities without ulcer or inflammation

Procedure codes

- L84.1 Combined operations on primary long saphenous vein
- L84.2 Combined operations on primary short saphenous vein
- L84.3 Combined operations on primary long and short saphenous vein
- L84.4 Combined operations on recurrent long saphenous vein
- L84.5 Combined operations on recurrent short saphenous vein
- L84.6 Combined operations on recurrent long and short saphenous vein
- L84.8 Other specified combined operations on varicose vein of leg
- L84.9 Unspecified combined operations on varicose vein of leg
- L85.1 Ligation of long saphenous vein
- L85.2 Ligation of short saphenous vein
- L85.3 Ligation of recurrent varicose vein of leg
- L85.8 Other specified ligation of varicose vein of leg
- L85.9 Unspecified ligation of varicose vein of leg
- L86.1 Injection of sclerosing substance into varicose vein of leg NEC
- L86.2 Ultrasound guided foam sclerotherapy for varicose vein of leg
- L86.3 Injection of glue into varicose vein of leg
- L86.8 Other specified injection into varicose vein of leg
- L86.9 Unspecified injection into varicose vein of leg
- L87.1 Stripping of long saphenous vein
- L87.2 Stripping of short saphenous vein
- L87.3 Stripping of varicose vein of leg NEC
- L87.4 Avulsion of varicose vein of leg
- L87.5 Local excision of varicose vein of leg
- L87.6 Incision of varicose vein of leg
- L87.7 Transilluminated powered phlebectomy of varicose vein of leg
- L87.8 Other specified other operations on varicose vein of leg
- L87.9 Unspecified other operations on varicose vein of leg
- L88.1 Percutaneous transluminal laser ablation of long saphenous vein

- L88.2 Radiofrequency ablation of varicose vein of leg
- L88.3 Percutaneous transluminal laser ablation of varicose vein of leg NEC
- L88.8 Other specified transluminal operations on varicose vein of leg
- L88.9 Unspecified transluminal operations on varicose vein of leg

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

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