

Varicose veins in the legs overview

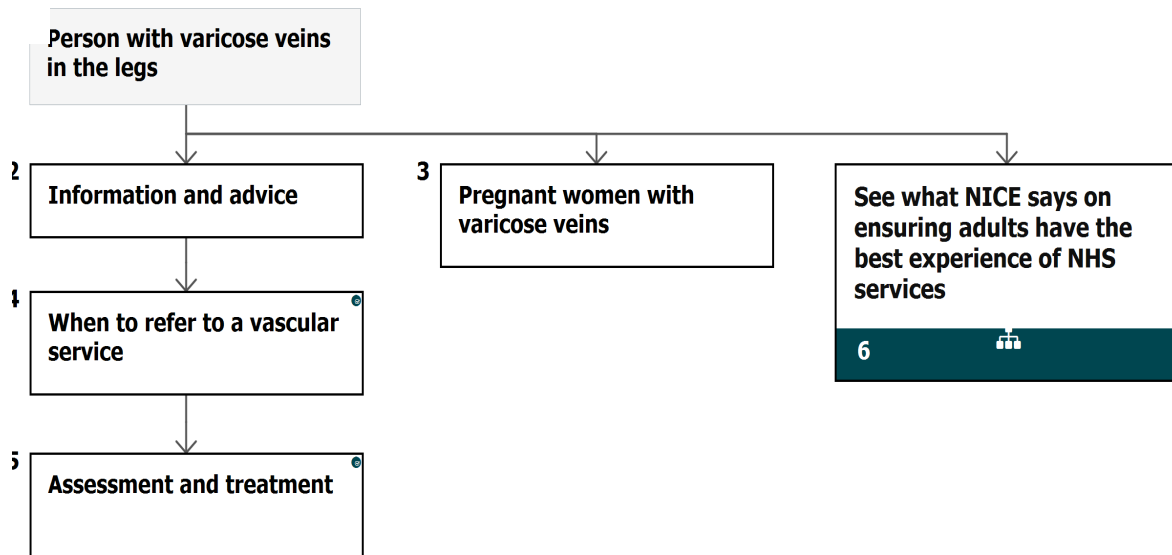
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/varicose-veins-in-the-legs>

NICE Pathway last updated: 20 March 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with varicose veins in the legs

No additional information

2 Information

Give people who present with varicose veins information that includes:

- An explanation of what varicose veins are.
- Possible causes of varicose veins.
- The likelihood of progression and possible complications, including deep vein thrombosis, skin changes, leg ulcers, bleeding and thrombophlebitis. Address any misconceptions the person may have about the risks of developing complications.
- Treatment options, including symptom relief, an overview of interventional treatments and the role of compression.
- Advice on:
 - weight loss (for guidance on weight management see what NICE says on [obesity](#))
 - light to moderate physical activity (for example, walking or swimming)
 - avoiding factors that are known to make their symptoms worse if possible
 - when and where to seek further medical help.

For guidance on diet and physical activity see what NICE says on [diet](#).

NICE has written information for the public on [varicose veins in the legs](#).

3 Pregnant women with varicose veins

Give pregnant women presenting with varicose veins information on the effect of pregnancy on varicose veins.

Do not carry out interventional treatment for varicose veins during pregnancy other than in exceptional circumstances.

Consider compression hosiery for symptom relief of leg swelling associated with varicose veins during pregnancy.

4 When to refer to a vascular service

Refer people with bleeding varicose veins to a vascular service immediately.

Refer people to a vascular service if they have any of the following.

- Symptomatic primary or symptomatic recurrent varicose veins.
- Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency.
- Superficial vein thrombosis (characterised by the appearance of hard, painful veins) and suspected venous incompetence.
- A venous ulcer (a break in the skin below the knee that has not healed within 2 weeks).
- A healed venous leg ulcer.

NICE has published medtech innovation briefings on:

- [Coban 2 for venous leg ulcers](#)
- [the Juxta CURES adjustable compression system for treating venous leg ulcers](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Referral to a vascular service

5 Assessment and treatment

Assessment

Use duplex ultrasound to confirm the diagnosis of varicose veins and to plan treatment for people with suspected primary or recurrent varicose veins.

Information for patients

When discussing treatment for varicose veins at the vascular service tell the person:

- What treatment options are available.
- The expected benefits and risks of each treatment option.
- That new varicose veins may develop after treatment.

- That they may need more than 1 session of treatment.
- That the chance of recurrence after treatment for recurrent varicose veins is higher than for primary varicose veins.

NICE has written information for the public on [varicose veins in the legs](#).

Interventional treatment

For people with confirmed varicose veins and truncal reflux:

- Offer endothermal ablation.
- 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.

If offering compression bandaging or hosiery for use after interventional treatment, do not use for more than 7 days.

See what NICE says on [preoperative tests](#).

Compression hosiery

Offer compression hosiery only if interventional treatment is unsuitable.

Interventional procedures

NICE has published guidance on the following procedures with **standard or normal arrangements** for consent, audit and clinical governance:

- [endovenous mechanochemical ablation for varicose veins](#)
- [ultrasound-guided foam sclerotherapy for varicose veins](#)
- [endovenous laser treatment of the long saphenous vein](#)
- [radiofrequency ablation of varicose veins](#).

NICE has published guidance on the following procedures with **special arrangements** for clinical governance, consent, and audit or research:

- [cyanoacrylate glue occlusion for varicose veins](#)
- [lower limb deep vein valve reconstruction for chronic deep venous incompetence](#)
- [subfascial endoscopic perforator vein surgery](#)

- [transilluminated powered phlebectomy for varicose veins](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

2. Duplex ultrasound
3. Treatment of varicose veins

6 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

Symptomatic

veins found in association with troublesome lower limb symptoms (typically pain, aching, discomfort, swelling, heaviness, and itching)

Vascular service

a team of healthcare professionals who have the skills to undertake a full clinical and duplex ultrasound assessment and provide a full range of treatment

Sources

[Varicose veins: diagnosis and management \(2013\) NICE guideline CG168](#)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.