

Policy for the Treatment of Varicose Veins

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Version:	2
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite. This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
Supersedes:	1.1
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Ratified by: (Name of responsible Committee)	Commissioning Committee
Cross reference to other Policies/Guidance	
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Document control:		
Date:	Version Number:	Section and Description of Change
May 2019	V1.0	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
April 2026	V2	Associated procedure codes have been added and reference information updated. Minor amendments have been made to the wording to improve clarity and ease of use, with no change to policy intent.

1. Policy Criteria

- 1.1 Interventional treatment for varicose veins is not commissioned for cosmetic purposes.
- 1.2 Interventional treatment for varicose veins is commissioned when the following criteria are satisfied:
 - 1.2.1 The patient has symptomatic varicose veins*

OR

- 1.2.2 The patient has any of the following complications resulting from varicose veins:
 - Bleeding
 - Venous ulceration (active or healed)
 - Superficial venous thrombosis
 - Lower limb skin changes (for example, venous eczema).
- 1.3 Before interventions are offered, truncal reflux should be confirmed using duplex ultrasound.
- 1.4 Intervention should be offered as follows:
 - First offer endothermal ablation.
 - If endothermal ablation is unsuitable, offer ultrasound-guided sclerotherapy.
 - If ultrasound-guided sclerotherapy is unsuitable, offer surgery.
- 1.5 Intervention is only commissioned for pregnant women in exceptional circumstances.
- 1.6 Compression hosiery as a primary treatment for varicose veins is only commissioned if interventional treatments are declined or unsuitable.

*** Symptoms include pain, aching, discomfort, swelling, heaviness and itching.**

Exclusions:

This policy relates to superficial venous disease of the legs. Varicose veins elsewhere in the body are not within the scope of this policy.

2. Scope and definitions

- 2.1 The scope of this policy includes requests for the treatment of varicose veins in adults aged 18 years or older with primary or recurrent varicose veins in the legs including the use of:
 - Endothermal ablation (including radiofrequency ablation of varicose veins and endovenous laser treatment of the long saphenous vein)
 - Ultrasound guided foam sclerotherapy
 - Surgery
- 2.2 It excludes the management of varicose veins in other parts of the body and people with venous malformations.

- 2.3 The ICB recognises that a patient may have certain features, such as
- having varicose veins
 - wishing to have a service provided for their varicose veins
 - being advised that they are clinically suitable for treatment of varicose veins, and
 - be distressed by their varicose veins, and by the fact that that they may not meet the criteria specified in this commissioning policy.
- 2.4 Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
- 2.5 For the purpose of this policy the ICB defines varicose veins as dilated subcutaneous veins with reversed blood flow.
- 2.6 The ICB recognises that in some people varicose veins are asymptomatic. Interventions specified in this policy would not be routinely funded for these cases.

3. Appropriate Healthcare

- 3.1 The purpose of treatment of varicose veins is normally to seal the affected vein, preventing the ability for blood flow to reverse and reducing or removing the associated complications.
- 3.2 This policy relies on the principle of appropriateness as the ICB considers that the treatment of asymptomatic veins does not fulfil the criterion of appropriateness.

4. Effective Healthcare

- 4.1 The ICB does not call into question the effectiveness of the treatment of varicose veins and therefore this policy does not rely on the Principle of Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.

5. Cost Effectiveness

- 5.1 The criterion at 1.4 relating to the clinical pathway relies on the criterion of cost effectiveness as the ICB considers that endothermal ablation is the most cost-effective surgical treatment for the management of varicose veins.

6. Ethics

- 6.1 The ICB does not call into question the ethics of the treatment of varicose veins and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of the treatment of varicose veins and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

- Salim, S., et al., *Global Epidemiology of Chronic Venous Disease: A Systematic Review With Pooled Prevalence Analysis*. *Annals of Surgery*, 2021. **274**(6): p. 971-976.
- Evans, C.J., et al., *Prevalence of varicose veins and chronic venous insufficiency in men and women in the general population: Edinburgh Vein Study*. *J Epidemiol Community Health*, 1999. **53**(3): p. 149-53.
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- Maekawa, T., et al., *Wound, Pressure Ulcer and Burn Guidelines (2023)—5: Guidelines for the Management of Lower Leg Ulcers/Varicose Veins, Third Edition Wound/Pressure Ulcer/Burn Guidelines Drafting Committee (Lower Leg Ulcers/Varicose Veins Group)*. *The Journal of Dermatology*, 2025. **52**(6): p. e481-e528.
- Bontinis, A., et al., *Interventions for the treatment of recurrent varicose vein disease arising from the saphenofemoral junction or the great saphenous vein: a systematic review and meta-analysis*. *Int Angiol*, 2024. **43**(5): p. 485-496.
- Deol, Z.K., et al., *Effect of obesity on chronic venous insufficiency treatment outcomes*. *J Vasc Surg Venous Lymphat Disord*, 2020. **8**(4): p. 617-628.e1.
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11. Associated OPCS/ICD Codes

OPCS codes
L841, L842, L843, L844, L845, L846, L848, L849, L851, L852, L853, L858, L859, L861, L862, L863, L868, L869, L871, L872, L873, L874, L875, L876, L877, L878, L879, L881, L882, L883, L888, L889 – Varicose vein procedures
ICD-10 codes
I839 – Varicose veins without complication
ICD-10 codes (Exceptions)
I830, I831, I832 – Varicose veins with complications