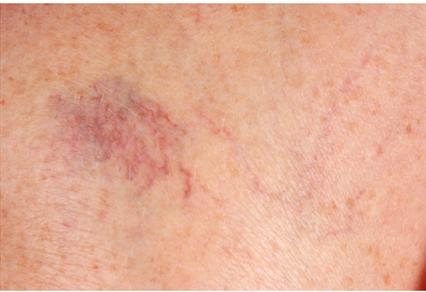


Problem	Management Surgical	Management Primary Care
 <p>Thread Veins</p>	<p>Surgery not usually indicated</p>	<p>Varicose Vein Management Guidelines</p> <p>Clinical categories (with illustrations)</p> <ol style="list-style-type: none"> Thread veins Uncomplicated varicose veins Varicose veins with moderate skin changes (venous eczema, haemosiderin deposition, some lipodermatosclerosis) Severe chronic venous insufficiency with extensive skin changes and active (or healed) ulceration <p>Management guidelines</p> <ol style="list-style-type: none"> Thread veins: Very common. Treatments include micro-sclerotherapy and laser therapy. Laser therapy is not available within NHS GG&C. Uncomplicated varicose veins: Surgery or other treatments may be considered for patients with significant symptoms attributable to the varicose veins. Varicose veins with moderate skin changes (venous eczema, haemosiderin deposition, some lipodermatosclerosis): Consider referral for vascular assessment. Severe chronic venous insufficiency with extensive skin changes and active (or healed) ulceration: Consider referral for vascular assessment.
 <p>Mild Symptoms No skin complications</p>		
 <p>Extensive varicose veins with complications</p> <ul style="list-style-type: none"> Ankle swelling Varicose eczema Lipodermatosclerosis Recurrent superficial thrombophlebitis Ulceration Recurrent bleeding 	<p>Consider referral for vascular assessment</p>	<p>Complications of long standing venous disease</p> <p>The major complications of long-standing varicose veins and chronic venous insufficiency (CVI) are skin changes (illustrated), bleeding and superficial thrombophlebitis. Surgery may be helpful in some cases and referral should be considered.</p> <p>Many patients will not be fit for surgical intervention due to co-morbidity and others will have untreatable, deep system disease. For all patients with active venous ulceration compression therapy remains the primary treatment to achieve healing, in suitable cases, varicose vein surgery may help maintain ulcer remission.</p> <p>For patients with mild disease (groups 1 and 2) modest compression hosiery is indicated as first line treatment (i.e. Class I or II compressions stockings), full length or below knee. For more advanced disease, higher grade compression is indicated up to grade IV, but limited by what can be tolerated and the ability of the patient (or carer) to apply these stockings each day. The stockings should be worn throughout the day and removed each night. TED Stockings are not appropriate for long term use by ambulant patients</p>
 <p>Severe skin changes and active ulceration Severe Chronic Venous Insufficiency</p>		