### Varicose Vein Management Guidelines

#### Problem

<table>
<thead>
<tr>
<th>Problem</th>
<th>Management Primary Care</th>
<th>Management Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thread Veins</td>
<td>(1) Thread veins</td>
<td></td>
</tr>
<tr>
<td>Mild Symptoms</td>
<td>(2) Uncomplicated varicose veins</td>
<td></td>
</tr>
<tr>
<td>Extensive varicose veins with complications</td>
<td>(3) Varicose veins with moderate skin changes</td>
<td></td>
</tr>
<tr>
<td>Severe skin changes and active ulceration</td>
<td>(4) Severe chronic venous insufficiency</td>
<td></td>
</tr>
</tbody>
</table>

#### Management Primary Care

- **Clinical categories (with illustrations)**
  1. Thread veins
  2. Uncomplicated varicose veins
  3. Varicose veins with moderate skin changes
  4. Severe chronic venous insufficiency

#### Management Surgical

- **Varicose Vein Management Guidelines**
  1. Thread veins: Very common. Treatments include micro-sclerotherapy and laser therapy. Laser therapy is not available within NHS GG&C.
  2. Uncomplicated varicose veins: Surgery or other treatments may be considered for patients with significant symptoms attributable to the varicose veins.
  3. Varicose veins with moderate skin changes: Consider referral for vascular assessment.
  4. Severe chronic venous insufficiency: Consider referral for vascular assessment.

#### Complications of long standing venous disease

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.

Many patients will not be fit for surgical intervention due to comorbidity 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.

For patients with mild disease (groups 1 and 2) modest compression hosiery is indicated as first line treatment (i.e. Class I or II compression 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.