**Table 1**

**Summary of the key recommendations from the NICE guideline on varicose veins**[5]

**1.1 Information for people with varicose veins**

1.1.1 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 venous 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
— Light to moderate physical activity
— Avoiding factors that are known to make their symptoms worse if possible
— When and where to seek further medical help

**1.1.2 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 one session of treatment
- That the chance of recurrence after treatment for recurrent varicose veins is higher than for primary varicose veins

**1.2 Referral to a vascular service**

- 1.2.1 Refer people with bleeding varicose veins to a vascular service immediately
- 1.2.2 Refer people to a vascular service if they have any of the following:

— Symptomatic primary or 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 leg ulcer (a break in the skin below the knee that has not healed within two weeks)
— A healed venous leg ulcer

**1.3 Assessment and treatment in a vascular service**

- **Assessment**
- 1.3.1 Use duplex ultrasound to confirm the diagnosis of varicose veins and the extent of truncal reflux, and to plan treatment for people with suspected primary or recurrent varicose veins
- **Interventional treatment**
- 1.3.2 For people with confirmed varicose veins and truncal reflux:

— Offer endothermal ablation and endovenous laser treatment of the long saphenous vein
— 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

- 1.3.3 If offering compression bandaging or hosiery for use after interventional treatment, do not use for more than seven days
- **Non-interventional treatment**
- 1.3.4 Do not offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable

**1.4 Management during pregnancy**

- 1.4.1 Give pregnant women presenting with varicose veins information on the effect of pregnancy on varicose veins
- 1.4.2 Do not carry out interventional treatment for varicose veins during pregnancy other than in exceptional circumstances
- 1.4.3 Consider compression hosiery for symptom relief of leg swelling associated with varicose veins during pregnancy