key points

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Up to 30% of the UK population are affected by varicose veins. They are a manifestation of increased venous pressure in the lower limb caused by impaired venous return. Primary varicosities result from poor drainage from the superficial to the deep venous system. Secondary varicosities arise as a result of underlying pathology impeding venous drainage, such as deep venous thrombosis or increased intra-abdominal pressure caused by a mass, pregnancy or obesity.

Patients with bleeding varicose veins should be referred to a vascular service immediately. Referral is also indicated in the following cases: symptomatic primary or recurrent varicose veins; lower limb skin changes thought to be caused by chronic venous insufficiency; superficial vein thrombosis and suspected venous incompetence; a venous leg ulcer or healed venous leg ulcer.

Imaging is crucial in the assessment of the superficial and deep venous system to enable assessment of venous competence. The gold standard imaging technique is colour duplex ultrasonography. Duplex ultrasound should be used to confirm the diagnosis of varicose veins and the extent of truncal reflux, and to plan treatment for patients with suspected primary or recurrent varicose veins.

Superficial vein ligation, phlebectomy and stripping have been the mainstay of treatment. In recent years, new techniques have been developed that are minimally invasive, enabling treatment of superficial venous incompetence with reduced morbidity. NICE recommends that endothermal ablation, in the form of radiofrequency or laser treatment, should be offered as treatment for patients with confirmed varicose veins and truncal reflux.

Endothermal ablation utilises heat energy within the vein to ablate the incompetent vessel. There are two main systems to deliver this energy: radiofrequency ablation and endovenous laser ablation. In cases where endothermal ablation is unsuitable NICE recommends the use of ultrasound guided foam sclerotherapy (UGFS). Where both endovenous ablation and UGFS are unsuitable or unsuccessful, surgery should be offered. NICE recommends that compression hosiery should not be offered unless interventional treatment is unsuitable or should be temporarily avoided, e.g. pregnancy.