Aucun article ou résumé dans cette revue ne peut être reproduit sous forme d'imprimé, photocopie, microfilm ou par tout autre procédé sans l'autorisation expresse des auteurs et de l'éditeur. Editions Phlébologiques Françaises
No article or abstract in this journal may be reproduced in the form of print, photocopy, microfilm or any other means without the express permission of authors and the editor. Editions Phlébologiques Françaises

Diagnosis and management of varicose veins in the legs: summary of NICE guidance.

Azzam M.

Contributors: All the authors reviewed the draft, were involved in writing further drafts, and reviewed and approved the final version for publication. Other contributors who reviewed the final version were: Alun H Davies, Andrew Bradbury, Jocelyn Brookes, Joyce Calam, David Evans, Nick Hickey, Keith Poskitt, Shalu Kanal, Hazel Trender, Mark Vaughan.

Introduction

- Varicose veins in the lower limbs are common problems. They affect approximately 30% of the population, and constitute a financial burden on the healthcare system.
- There is substantial variation across the UK as to who is offered referral or treatment, and, at present, there is no definitive system to identify which people will benefit the most from interventional treatment, and no established framework within the NHS for the diagnosis and management of varicose veins.
- NICE (the National Institute for Health and Care Excellence) commissioned a National Clinical Guideline Centre (NCGC) to develop a guideline on the diagnosis and management of varicose veins, which was issued in July 2013.

The NCGC established a Guideline Development Group (GDG), which reviewed the evidence and developed the recommendations.

The GDG included vascular surgeons, endovascular radiologist, clinical vascular scientist, vascular nurse specialist, practice nurse manager, patient member and carer, and a general practitioner. In addition, the NCGC allocated a senior research fellow, a project manager, a health economist and NICE project team.

The guidance provides the National Health Service (NHS) and others with advice on the diagnosis and management of varicose veins.

The recommendations are based on careful consideration of the best available evidence with close analysis of cost effectiveness. In the absence of available evidence, group expert c was provided.

It is estimated that the recommendation will reduce the number of surgical interventional procedures, which will be offset by an increase in the laser and ultrasound-guided foam sclerotherapy procedures.

Recommendations

Refer people with bleeding varicose veins to a vascular service immediately.

Refer people to a vascular service if they have any of the following
- Symptomatic primary or symptomatic recurrent varicose veins
- Lower limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency
- Superficial vein thrombosis and suspected venous incompetence
- A venous leg ulcer not healed within 2 weeks
- A healed venous leg ulcer

Assessment and treatment in vascular service

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.

Dr Mustapha Azzam, MD, DIC, MSc, AVS.
E-mail: dr.azzam@yahoo.co.uk
Accepté le 24 septembre 2013

Aucun article ou résumé dans cette revue ne peut être reproduit sous forme d'imprimé, photocopie, microfilm ou par tout autre procédé sans l'autorisation expresse des auteurs et de l'éditeur. Editions Phlébologiques Françaises
No article or abstract in this journal may be reproduced in the form of print, photocopy, microfilm or any other means without the express permission of authors and the editor. Editions Phlébologiques Françaises

Interventional treatment

- For people with confirmed varicose veins and truncal reflux:
  - Offer endothermal ablation (see Radiofrequency ablation of varicose veins [NICE interventional procedure guidance 8] and Endovenous laser treatment of the long saphenous vein [NICE interventional procedure guidance 52]).
  - If endothermal ablation is unsuitable or the patient declines it, offer ultrasound-guided foam sclerotherapy (see Ultrasound-guided foam sclerotherapy for varicose veins [NICE interventional procedure guidance 440]).
  - If ultrasound-guided foam sclerotherapy is unsuitable or patient decline it offer truncal vein stripping surgery.
- If incompetent varicose tributaries are to be treated, consider treating them at the same time.
- If offering compression bandaging or hosiery for use after interventional treatment, do not use for more than seven days.

Non-interventional treatment

- Do not offer compression hosiery as a standalone treatment for varicose veins unless interventional treatment is not suitable.

Varicose veins management during pregnancy

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

The GDG also made recommendations for future research, based on its review of evidence, in order to improve NICE guidance and patient care in the future.

These recommendations cover the following areas:

- Natural history of varicose veins and factors that influence progression of the disease using CEAP stages.
- Compression as a management option as there is little evidence of an impact on symptom relief or improvement in quality of life.
- Clinical and cost-effectiveness of compression bandaging or hosiery after interventional treatment for varicose veins compared with no compression.
- Clinical and cost effectiveness of truncal treatment with or without concurrent tributary treatment.
- Finally the optimal interventional and conservative treatments at different stages of the disease.

Réferences

The GDG's full set of research recommendations is detailed in appendix N of the full guideline.

The NICE guideline is available at: http://guidance.nice.org.uk/cg168

The Guideline Development Group, National Collaborating Centre and NICE project team

1. Alun Davies (Chair). Professor of Vascular Surgery, Imperial College London and Honorary Consultant Surgeon, Imperial College NHS Trust, Charing Cross & St Mary's Hospitals, London.
2. Mustapha Azzam. MD Vascular Scientist/Phlebologist, Ealing NHS Trust, Imperial College, London.
3. Andrew Bradbury. Sampson Gamgee Professor of Vascular Surgery and Director of Quality Assurance and Enhancement, College of Medical and Dental Sciences, University of Birmingham and Consultant Vascular and Endovascular Surgeon, Heart of England NHS Foundation Trust, Birmingham.
4. Jocelyn Brookes. Consultant Endovascular Radiologist, University College London Hospitals.
5. Joyce Calam. Patient member.
6. David Evans. Patient/carer member; Safety Engineer and Occupational Hygienist.
7. Nick Hickey. Consultant Vascular Surgeon, Worcestershire Acute Hospitals NHS Trust, Worcester.
8. Keith Poskitt. Consultant Vascular Surgeon, Cheltenham General Hospital, Gloucestershire Hospitals. NHS Foundation Trust.
9. Hazel Trender.Vascular Nurse Specialist, Sheffield Vascular Institute, Sheffield.
10. Mark Vaughan. GP, Avenue Villa Surgery, Llanelli, Carmarthenshire.
11. Jenny Greenfield Co-opted member. Practice Nurse Manager, Meridian Surgery, East Sussex.