

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Varicose Vein Surgery

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

Treatment of varicose veins in secondary care is considered a low priority treatment and will only be funded by the SY ICB if the criteria below have been met. Treatment will NOT be funded for cosmetic reasons or in pregnancy.

Patients can be considered for surgery if they meet the following criteria:		Delete as appropriate	
Intractable ulceration secondary to venous stasis OR		Yes	No
Bleeding varicose vein or if the patient is at high risk of re-bleeding. (i.e. there has been more than one episode of minor haemorrhage or one episode of significant haemorrhage from a ruptured superficial varicosity) OR		Yes	No
Significant and or progressive lower limb skin changes such as Varicose eczema, or lipodermatosclerosis with moderate to severe oedema proven to be caused by chronic venous insufficiency (itching is insufficient for referral) OR		Yes	No
Thrombophlebitis associated with severe and persistent pain requiring analgesia and affecting activities of daily living and or instrumental activities of daily living* OR		Yes	No
If the patient is severely symptomatic affecting activities of daily living and or instrumental activities of daily living. - ALL below must apply: • Symptoms must be caused by varicosity and cannot be attributed to any other comorbidities or other disease affecting the lower limb. • There must be a documented unsuccessful six month trial of conservative management.** • Evidence that symptoms are affecting activities of daily living and/or Instrumental activities of daily living.		Yes	No

If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to SY ICB's Individual funding request policy for further information. If patient meets the above criteria then prior approval is not required.