

# Varicose veins in the legs

Information for the public

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## About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about varicose veins in the legs that is set out in NICE clinical guideline 168.

All of the treatment and care that NICE recommends is in line with the NHS Constitution ([www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england)). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information see 'About care in the NHS' on our website ([www.nice.org.uk/nhscares](http://www.nice.org.uk/nhscares)).

## *Does this information apply to me?*

Yes, if you are an adult (aged 18 years or over) with varicose veins in the legs.

## Varicose veins in the legs

Varicose veins in the legs develop when the small valves inside the veins become damaged and stop working properly. These valves open to let blood through and then close to stop it flowing backward. If the valves are damaged the blood can flow backward and collect in the vein. This causes the vein to become swollen and enlarged.

Many people with varicose veins in the legs have no symptoms. Other people have symptoms such as pain, aching, discomfort, swelling, heaviness and itching in the lower leg.

## Your healthcare team

The various types of treatment described may be provided by a range of healthcare professionals who specialise in different treatments. These could include doctors, specialist vascular nurses, radiologists and vascular surgeons. All of these healthcare professionals will be trained and experienced in diagnosing and treating varicose veins.

A member of your healthcare team should discuss varicose veins with you and explain the tests and treatments for them in detail. You should have the opportunity to ask any questions you have – there is a [list of questions](#) you might like to ask to help you with this.

Some treatments described may not be suitable for you, depending on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your healthcare team.

## Information about varicose veins

When you first see a healthcare professional about your varicose veins, they should explain what varicose veins are and what might cause them. They should discuss with you whether your varicose veins are likely to get worse in the future. They should also explain the likelihood of other problems developing in your leg because of your varicose veins, such as deep vein thrombosis (a blood clot), skin changes, ulcers, bleeding or swelling.

Your healthcare professional should discuss the different [treatments](#) for varicose veins with you. They should talk to you about changes you could make to your lifestyle that may help to relieve the symptoms of your varicose veins. These include losing weight if you are overweight and doing light to moderate exercise such as walking or swimming. See [Other NICE guidance](#) for details of our guidance on losing weight. Your healthcare professional should suggest that you try to avoid anything that makes the symptoms of your varicose veins worse, for example standing for a long time or having hot baths. They should give you information about when and where to seek further medical help.

## Referral to a specialist vascular service

A specialist vascular service is a team of healthcare professionals who have training and experience in diagnosing and treating varicose veins.

If you have varicose veins that are bleeding your healthcare professional should refer you to a vascular service immediately.

Your healthcare professional should also refer you to a vascular service if you have any of the following:

- varicose veins that are causing pain, aching, discomfort, swelling, heaviness or itching (whether or not you have had varicose veins before)
- changes in the colour of the skin on your leg that may be caused by problems with the blood flow in the leg
- skin conditions affecting your leg, such as eczema, that may be caused by problems with the blood flow in the leg
- varicose veins that are hard and painful and that may be caused by problems with the blood flow in the leg
- a healed or unhealed ulcer (a break in the skin that has not healed within 2 weeks) below the knee.

## Assessment at the vascular service

The specialist vascular service team should use a duplex ultrasound scan to diagnose your varicose veins. This is a type of scan that uses high-frequency sound waves to produce a picture of the veins in your legs. The picture shows the blood flow and helps the vascular service team locate any damaged valves that might be causing your varicose veins.

The treatments that are available should be explained to you. The vascular service team should discuss with you how well each treatment is likely to work and the possible side effects. They should tell you that you may need more than 1 session of treatment and that new varicose veins may develop after you have had treatment, especially if you have had treatment for varicose veins before.

## Treatments

The vascular service team should offer you a treatment called endothermal ablation, if it is suitable for you. During this treatment heat is applied to the inside of the vein, causing it to close. See [Other NICE guidance](#) for details of our guidance on endothermal ablation.

If endothermal ablation is not suitable for you, you should be offered a treatment called ultrasound-guided foam sclerotherapy, if it is suitable for you. This treatment uses a chemical called a sclerosant, which is mixed with air or another gas to produce a foam. The foam is injected into the vein. Ultrasound pictures are used to check that the foam is going to the right places in the vein. The sclerosant in the foam causes scarring inside the vein, which closes it. See [Other NICE guidance](#) for details of our guidance on ultrasound-guided foam sclerotherapy.

If neither endothermal ablation nor ultrasound-guided foam sclerotherapy are suitable for you, you should be offered surgery. This is usually a type of surgery called ligation and stripping, in which the varicose vein is tied off and then removed.

If you are offered compression bandages or stockings to wear temporarily after having treatment for varicose veins, you should not wear them for more than 7 days. Compression bandages and stockings are specially designed to squeeze your legs to help improve the blood flow after treatment.

You should not be offered compression stockings to wear permanently as a way of treating your varicose veins unless none of the other treatments are suitable for you.

## Varicose veins during pregnancy

If you are pregnant and have varicose veins your healthcare professional should explain how your pregnancy is affecting your varicose veins. They may offer you compression stockings to relieve your varicose veins while you are pregnant. They should not usually offer any other treatment for varicose veins during your pregnancy.

## Questions to ask about varicose veins in the legs

These questions may help you discuss your varicose veins or the treatments you have been offered with your healthcare team.

### *About varicose veins*

- Why have I developed varicose veins?
- Will they get worse?
- Will they cause other problems?

- Can they be treated?
- Would it help my varicose veins if I made some changes to my lifestyle, such as doing more exercise or losing weight?
- What should I do if my varicose veins get worse or start to bleed?
- What should I do if I get an ulcer on my leg?

### *Diagnosing varicose veins*

- How are varicose veins diagnosed?
- Will I be referred to a specialist vascular service?
- What is a duplex ultrasound scan?
- What does the scan involve?
- Where will it be carried out?
- When can I have the scan?
- When will I get the result?

### *Treatments*

- Can you tell me why you have decided to offer me endothermal ablation/ultrasound-guided foam sclerotherapy/surgery?
- What are the pros and cons of this treatment?
- What will it involve?
- Where will it be carried out?
- When can I have the treatment?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- Are there any risks associated with this treatment?

- What should I do if I get any side effects after my treatment? (For example, should I call my GP, or go to the emergency department at a hospital?)
- Are there any long-term effects of having this treatment?
- What are my options for having treatments other than the one you have offered me?
- Is there some other information (like a leaflet, DVD or a website I can go to) about the treatment that I can have?
- What will happen if I choose not to have the treatment you have offered?
- If I choose not to have the treatment you have offered, will compression stockings help?

## Sources of advice and support

- Circulation Foundation, 020 7304 4779 [www.circulationfoundation.org.uk](http://www.circulationfoundation.org.uk)

You can also go to NHS Choices ([www.nhs.uk](http://www.nhs.uk)) for more information

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

## Other NICE guidance

- Obesity. NICE clinical guideline 43 (2006). See [www.nice.org.uk/guidance/CG43](http://www.nice.org.uk/guidance/CG43)
- Ultrasound-guided foam sclerotherapy for varicose veins. NICE interventional procedure guidance 440 (2013). See [www.nice.org.uk/guidance/IPG440](http://www.nice.org.uk/guidance/IPG440)
- Radiofrequency ablation of varicose veins. NICE interventional procedure guidance 8 (2003). See [www.nice.org.uk/guidance/IPG8](http://www.nice.org.uk/guidance/IPG8)
- Endovenous laser treatment of the long saphenous vein. NICE interventional procedure guidance 52 (2004). See [www.nice.org.uk/guidance/IPG52](http://www.nice.org.uk/guidance/IPG52)

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## Accreditation

