

Primary care trust commissioning of varicose vein intervention – is new guidance needed?

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Aim: To assess current primary care trust commissioning for varicose vein intervention in England. Several authors have written of the ‘postcode lottery’ for surgical treatment of varicose veins. Recently, minimally invasive techniques including endovenous laser therapy have grown in popularity and much has been published about the benefits of treating varicose veins in terms of health status and quality of life.

Methods: Under the Freedom of Information Act, structured email survey responses were requested of 108 primary care trusts. Each was asked whether varicose vein interventions were currently commis-

sioned and whether there were restrictions in access to varicose vein intervention. Trusts were asked how many elective endovenous laser therapy and open procedures were commissioned from 2008–11. The ‘qualifying criteria’ expressed in each policy were analysed both by individual primary care trust and by geographical region.

Results: Of 108 surveys, 95 (88%) were completed and returned. Of these, 96% stated that varicose vein interventions were actively commissioned. Access was restricted in 97% of primary care trusts that commissioned varicose vein interventions.

A total of 50 895 varicose vein interventions were commissioned from 2008–11; of which 60% were surgical, 21% were endovenous laser therapy, and 19% was made up of other minimally invasive techniques, including sclerotherapy and radio-frequency ablation. However, some primary care trusts provided total numbers of operations performed but were unable to break these down into different types of

surgery. London commissioned the highest proportion of surgery (84%) and the Midlands the highest proportion of endovenous laser therapy (28%).

A total of 103 policies were obtained and 1000+ ‘commissioning criteria statements’ identified. These statements varied considerably between regions; ‘active haemorrhage’ was mentioned most commonly in policies from London (100%) and the southern primary care trusts, ‘superficial thrombophlebitis’ in the north (69%) and ‘progressive skin changes’ in the Midlands (89%).

Conclusions: Access to varicose vein intervention appears to be restricted, with a lack of uniformity across England. This may impact on patient care and surgical training. Those trusts that do commission interventions appear paradoxically to favour surgery over (possibly cheaper) endovenous laser therapy. It is proposed that the National Institute for Health and Clinical Excellence guidelines be reviewed to guide future service commissioning. [BJHM](#)

IMAGES IN MEDICINE

Extreme tortuosity of the iliac artery

A 76-year-old woman underwent coronary catheterization via the right femoral artery. Arterial puncture was clean and the sheath was inserted over the wire but difficulty advancing the guide wire necessitated a change to a hydrophilic wire. Under fluoroscopy the wire formed a complete loop in the common iliac artery (*Figure 1*). The left femoral approach was not attempted as a similar problem as anticipated. Contrast computed tomography of the pelvic vessels and aorta showed an unusually tortuous right iliac artery with complete loop formation (*Figure 2*). The left iliac artery was also tortuous. The patient underwent radial coronary angiography.

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Early identification of tortuous iliac arteries is important, as they can lead to kinking and knotting of catheters causing spasm and perforation. Besides complicating vascular procedures, they increase fluoroscopic time and radiation dose, and have been associated with endovascular fibrosis (Lim et al, 2009). Computed tomography is useful in

Figure 1. Fluoroscopy showed guidance wire forming a complete loop in the common iliac artery.



providing an accurate three-dimensional picture to prevent complications. [BJHM](#)

Lim CS, Gohel MS, Shepherd AC, Davies AH (2009) Iliac artery compression in cyclists: mechanisms, diagnosis and treatment. *Eur J Vasc Endovasc Surg* 38: 180–6

Figure 2. Contrast computed tomography of pelvic vessels and aorta showed an unusually tortuous right common iliac artery with a complete loop formation.

