ENTITLEMENT ELIGIBILITY GUIDELINES

VARICOSE VEINS AND SUPERFICIAL THROMBOPHLEBITIS

1. VARICOSE VEINS

MPC 00727
ICD-9 454

DEFINITION

Varicose Veins of the lower extremities are a dilatation, lengthening and tortuosity of a subcutaneous superficial vein or veins of the lower extremity such as the saphenous veins and perforating veins.

A diagnosis of varicose veins is sometimes made in error when the veins are prominent but neither varicose or abnormal.

This guideline excludes Deep Vein Thrombosis, and telangiectasis.

DIAGNOSTIC STANDARD

Diagnosis by a qualified medical practitioner is required.

ANATOMY AND PHYSIOLOGY

The venous system of the lower extremities consists of:

1. The deep system of veins.
2. The superficial veins' system.
3. The communicating (or perforating) veins which connect the first two systems.

There are primary and secondary causes of varicose veins. Primary causes are congenital and/or may develop from inherited conditions. Secondary causes generally result from factors other than congenital factors.

CLINICAL FEATURES

Clinical onset usually takes place when varicosities in the affected leg or legs appear.

Varicosities typically present as a bluish discolouration and may have a raised appearance. The affected limb may also demonstrate the following:

- Aching
- Discolouration
- Inflammation
- Swelling
- Heaviness
- Cramps

Varicose Veins may be large and apparent or quite small and barely discernible.

Aggravation for the purposes of Varicose Veins may be represented by the veins permanently becoming larger or more extensive, or a need for operative intervention, or the development of Superficial Thrombophlebitis**.**

PENSION CONSIDERATIONS

A. CAUSES AND/OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

Primary causes include:

1. Congenital and/or Developmental
   Congenital factors include incomplete or absence of valves, and incompetent fibrous or elastic tissues in the vein wall. Incompetent fibrous or elastic tissues in the vein wall are congenital and developmental.

Secondary (Non-Developmental and Non-Congenital) include:

1. Thrombosis of a deep vein (DVT) draining the affected lower extremity prior to clinical onset or aggravation

2. Complete or partial obstruction of a vein draining the affected lower extremity at the time of clinical onset or aggravation

The obstruction of the vein may occur from trauma, or Superficial Thrombophlebitis, or localized injury to the thigh or leg, or with a neoplasm.

3. Pregnancy at the time of clinical onset or aggravation

Varicose veins must be in existence for a period of at least 6 months immediately following the pregnancy.

4. Having an acquired arteriovenous fistula involving the blood vessels supplying the affected lower extremity at the time of clinical onset or aggravation

An acquired arteriovenous fistula can be caused by injury or surgery.

5. Periods of prolonged standing or sitting: aggravation only

For periods of prolonged standing or sitting to aggravate Varicose Veins, the following criteria should be met:

Increased signs/symptoms of Varicose Veins should begin during the period of prolonged standing or prolonged sitting; *and*
Increased signs/symptoms of Varicose Veins should persist, on a continuous or recurrent basis, for a period of at least 6 months.

Periods of prolonged standing or sitting means long periods of standing or sitting; there is no specific timeframe defined in the literature.

6. Constrictive clothing: aggravation only

Constrictive clothing may impair venous return. Such clothing about a limb may aggravate the affected veins *distal* (furthest from the head) to the stricture, i.e. the affected veins would be removed from and below the stricture. The veins *proximal* to the stricture would not be affected. For example, any tightening of boot laces would normally be imparted down into the foot and not impact on venous return unless the lacing of the foot part remains loose. In that case, veins in the foot could be affected by the stricture above. By way of further example, a proximal stricture midcalf may result in varicosities distal to the stricture in the region of the lower leg but not proximal to the stricture.

7. Inability to obtain appropriate clinical management

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT/ASSESSMENT

- Superficial thrombophlebitis
- Stasis dermatitis
- Venous ulcers

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM VARICOSE VEINS AND/OR ITS TREATMENT

2. SUPERFICIAL THROMBOPHLEBITIS

MPC 00730
ICD-9 451

DEFINITION

Superficial Thrombophlebitis is an inflammation of a vein associated with thrombus (clot) formation.

Superficial Thrombophlebitis is a common complication of Varicose Veins and is accepted as part of the disability without a separate ruling.

This guideline excludes Deep Vein Thrombosis.

DIAGNOSTIC STANDARD

Diagnosis by a qualified medical practitioner is required.

ANATOMY AND PHYSIOLOGY

The superficial veins' system runs in the fatty layer between the skin and the fibrous layers surrounding the muscles (fascia). The veins are not supported by a resistant structure and so can dilate and elongate and become varicose.

CLINICAL FEATURES

Clinical onset usually means the appearance of Superficial Thrombophlebitis in the affected leg or legs. The affected limb may demonstrate the following:

- Pain
- Aching
- Cramps
- Swelling
- Inflammation
- Erythema

PENSION CONSIDERATIONS

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

A. CAUSES AND/OR AGGRAVATION

1. Venous stasis at the time of clinical onset or aggravation

   Venous stasis should occur at the time of the thrombophlebitis.
   Venous stasis can result from such factors as limb immobilization and venous obstruction.

2. Inflammation of veins at the time of clinical onset or aggravation

   Inflammation of veins should occur at the time of the thrombophlebitis.
   Inflammation can result from such factors as infection and toxins.

3. Hypercoaguability prior to clinical onset or aggravation

   Hypercoaguability can be permanent or temporary.

   Permanent hypercoaguability:
   Permanent hypercoaguability can result from various factors, including cancers.
   For permanent hypercoaguability to cause or aggravate superficial thrombophlebitis, signs/symptoms of superficial thrombophlebitis should develop during the period of hypercoaguability.

   Temporary hypercoaguability:
   Temporary hypercoaguability can result from medications.
   For temporary hypercoaguability from medication to cause or aggravate superficial thrombophlebitis, the following criteria should be evident:
   The individual should be on the medication for approximately 1 week; *and*
   Signs/symptoms of superficial thrombophlebitis should develop while on the medication or within 2 to 3 days of discontinuation of the medication.

4. Inability to obtain appropriate clinical management

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT/ASSESSMENT

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM SUPERFICIAL THROMBOPHLEBITIS AND/OR ITS TREATMENT

REFERENCES FOR VARICOSE VEINS AND SUPERFICIAL THROMBOPHLEBITIS

1. Australia. Department of Veterans Affairs: medical research in relation to the Statement of Principles concerning Varicose Veins of the Lower Limb, which cites the following as references:

    1) MJ Callam (1994) in British Journal of Surgery Feb 81(2) *Epidemiology of Varicose Veins* pp167-173.
    2) Tierney, LM. (1993) in *Current Medical Diagnosis and Treatment*. Tierney, LM, McPhee, SJ, Papadakis, MA, and Schroeder, SA Eds. Appleton & Lange. Norwalk, Connecticut, p. 385-386.
    3) DeWeese, JA. (1979) Venous and Lymphatic Disease. *Principles of Surgery.* Schwartz, SI, Shires, TG, Spencer, FC & Storer, EH. Eds. Mc Graw-Hill, New York, p. 998.
    4) Gresham GA (1992) Veins *Oxford Textbook of Pathology*. McGee, Igaacson & Wright (Eds) OUP Oxford, p. 918.
    5) Scurr, JH. (1992) Venous Disorders. *Bailey & Love's Short Practice of Surgery*. CV Mann & RCG Russell (Eds) 21 st Edition, p. 245.
    6) V Stvrtinova et al in International Angiol (1991) *Prevalance of varicose veins of the lower limbs in the women working in a department store.* Jan Mar 1991 10(1) pp2-5.

2. Canada. Department of Veterans Affairs. Medical Guidelines on *Varicose Veins and Thrombophlebitis* which are stated to include:
    1) Principles of Surgery. Schwartz. McGraw-Hill, 1969.
    2) Surgery, Principles and Practice. Rhoads, Allen, Harkins, Moyer. 4th ed. 1970.
    3) Peripheral Vascular Disease. Allen, Baker, Hines, Fairbairn, Juergens, Spittel. 4th ed. 1972.
    4) Pathology. Anderson. 6th ed. 1971.

3. Conn, Jr. Hadley L. and Orville Horwitz, eds. *Cardiac and Vascular Diseases.* Vol II. Philadelphia: Lea & Febiger, 1971.