

	Clinical Protocol: Varicose Veins	
	ORIGINAL EFFECTIVE DATE: 05/22/2019	REVIEWED/REVISED DATE(S): 06/18/2019 08/13/2021 08/08/2022 11/15/2023 01/26/2026
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PROTOCOL OVERVIEW

This Clinical Protocol provides guidelines, indications, and referral recommendations for the assessment of varicose vein

INDICATIONS

- Hematology referral for evaluation or management of **1 or more** of the following:
 - Pulmonary embolism, and etiology remains unclear
 - Recurrent superficial thrombophlebitis
- Infectious disease referral for evaluation or management of **1 or more** of the following:
 - Rule out infectious condition that may mimic varicose veins or venous insufficiency (e.g., cellulitis, dermatophyte infection)
 - Superficial suppurative thrombophlebitis
 - Plastic surgery referral for evaluation or management of nonhealing venous ulcer, and skin graft needed
- Vascular surgery referral for evaluation or management of **1 or more** of the following:
 - Bleeding or ruptured superficial varicose veins
 - Conservative therapy needed, including fitting and use of graded compression stockings
 - Interpretation of diagnostic testing needed (e.g., duplex ultrasound)
 - Large superficial varices associated with skin ulcer
 - Persistent or recurrent venous stasis ulcer
 - Rule out other vascular condition that may mimic varicose veins or venous insufficiency (eg, arterial insufficiency, deep venous thrombosis)
 - Saphenous venous insufficiency that has failed medical treatment, as indicated by **ALL** of the following:
 - Saphenofemoral valve incompetence documented by duplex ultrasound or other imaging test
 - Symptoms causing clinically significant functional impairment, as indicated by **1 or more** of the following:
 - Leg edema
 - Leg fatigue

- Leg pain

- Skin changes (e.g. lip dermatosclerosis, hemosiderosis)
- Superficial thrombophlebitis that fails to improve or progresses during treatment

RECOMMENDED RECORDS

Please submit history and physical or progress notes that show the symptoms, exam findings, and any pertinent diagnostic tests that may have been done. (i.e. venous ultrasound)

CITATION

1. MCG care Guidelines 29th edition, 3/24/2025 <https://www.mcg.com/news-events/press-releases/29th-edition-mcg-care-guidelines/>

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzalez, Project Coordinator, UM; Diane Reyes, Outpatient UM Clinical Manager	Date: 01/26/26	
Approved By:	Richard L. Powell, Chief Medical Officer	Date: 2/4/2026	Signature DocuSigned by: Richard Powell FF8F6E6807B34D9
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