

# Advice on VTE prophylaxis for varicose vein procedures

## Summary

- Varicose vein procedures are usually short, day-case interventions with low risk and low morbidity
- A range of techniques are available, and it is common for a combination of treatments to be used
- Venous thromboembolism, although rare, can occur, usually as DVT, but pulmonary embolism and death have been reported
- There are few clinical trials, so strategies to prevent VTE after varicose vein procedures are variable and inconsistent
- Patients with asymptomatic, undiagnosed or recent COVID-19 may be at significant risk of VTE after varicose vein procedures

Managing VTE risk after varicose vein procedures requires an individualised patient approach

## Management Recommendations

- Assess all patients for VTE risk (and bleeding risk) using targeted VTE risk factors (see box) or using NHS DoH or another scoring system (e.g. IMPROVEDD, Caprini)
- Offer pharmacoprophylaxis when VTE risk exceeds bleeding risk (in addition to usual compression regime)
- Use low molecular weight heparin (LMWH), fondaparinux or direct oral anticoagulants (DOAC), adjusted for weight and renal function
- Manage patients according to UK NHS protocols for planned elective operations during the COVID-19 pandemic
- \* Avoid elective varicose vein procedures in those with proven COVID-19 or symptoms within 90 days

## VTE risk factors to consider for varicose vein procedures

Personal or strong family history of VTE

Known thrombophilia

Reduced mobility

Obesity (BMI >30)

Hormone therapy

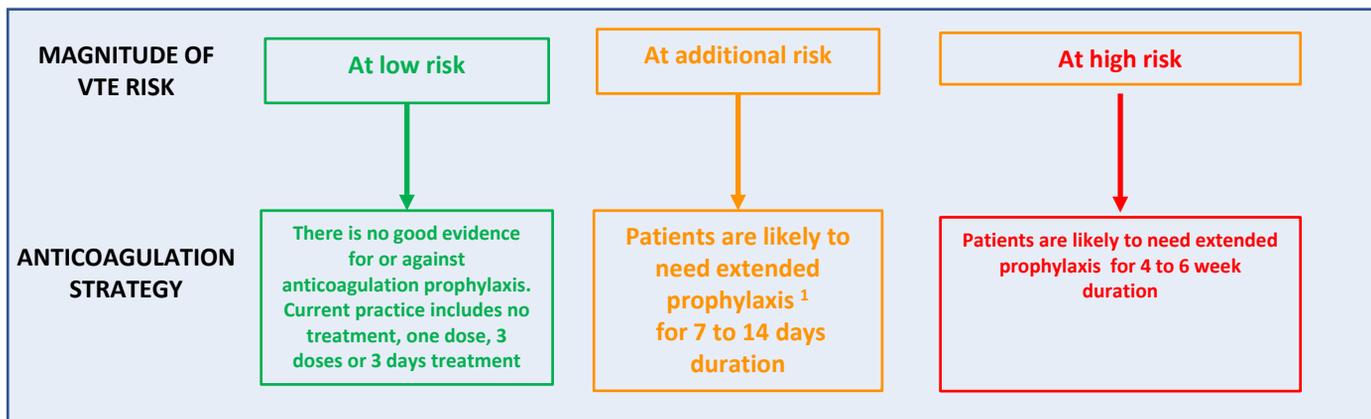
Active Cancer

Chronic prothrombotic medical conditions

Superficial vein thrombosis

COVID-19 symptoms or positive test\*

## Suggested algorithm (individualised approach recommended)



<sup>1</sup> Standard prophylaxis: LMWH e.g. enoxaparin 40mg OD: or DOAC e.g. apixaban 2.5mg BID or rivaroxaban 10mg od.

Anticoagulant dose can also be adjusted for individual patient's perceived risk.

\* Avoid intervention within 90 days of COVID-19 illness if possible

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