

West Yorkshire Integrated Care Board (WY ICB)					
Policy	Thread Veins/Telangiectasia			ICB Ref	Planned care
First Issue Date	To be confirmed	Current version:	1	Last reviewed:	May 2022
Review date	To be confirmed	Contact	West Yorkshire Health and Care Partnership (WY HCP) wyhcp.plannedcare@nhs.net		
Clinical Reviewer	WY HCP	Approved by	WY ICB		
Policy exclusions					
<p>Treatment for Telangiectasia (Thread Veins) is not routinely commissioned.</p> <p>Patients suffering with well documented, functional problems related to the condition (e.g. large disfiguring spider angiomas or those which bleed profusely or affect vision), with a DLQI >10 (Dermatology Life Quality Index) do not need prior approval for treatment.</p>					
Policy inclusion criteria					
<p>Treatment for Telangiectasia is not routinely commissioned. Any requests that are not medically necessary are considered cosmetic and will not be funded. These treatments may be considered on an individual, exceptional basis, where the GP or consultant has completed the necessary Individual Funding Request form.</p> <p>Funding may be considered in the following cases;</p> <p>Hereditary haemorrhagic telangiectasia (HHT) - NHS (www.nhs.uk) where visible at conversational distance and causing disfigurement sufficient to score 10 or more on Dermatology Life Quality Index (DLQI) and limited to 4 treatments at each affected skin site to include:</p> <ul style="list-style-type: none"> • Telangiectasia associated with chronic inflammatory dermatoses (including rosacea, rhinophyma, lupus erythematosus, scleroderma, granuloma faciale, sarcoidosis and chronic radiation dermatitis). • Extensive or severe telangiectasia as seen in progressive ascending arborising telangiectasia and essential telangiectasia. • Telangiectasia associated with severe scarring as seen following large surgical wounds and burns. • Spider angiomas in children. 					

Telangiectasia of all types generally will respond to four treatments to each affected site. The number of treatments offered to each skin site will therefore be restricted to four.

The following are considered cosmetic and will not be funded; Minor telangiectasia or minor acquired vascular lesions in adults which are asymptomatic to include:

- Minor forms of telangiectasia not visible at conversational distance or insufficient to score 10 or more on DLQI.
- Spider Angiomas in adults
- Cherry angiomas or Campell de Morgan spots
- Telangiectasia of legs due to or associated with varicose veins
- Rosacea including mild to moderate telangiectasia & rhinophyma

Summary of evidence / Rationale

1. [Hereditary haemorrhagic telangiectasia \(HHT\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)
2. [Full evidence summary | Facial erythema of rosacea: brimonidine tartrate gel | Advice | NICE](#)

Reference