**Treatment of Superficial Thrombophlebitis**

**and Superficial Vein Thrombosis in the leg**

Worsening symptoms / signs of extension

Duplex ultrasound

Refer to GP Care

Systemic anticoagulation as per DVT protocol4

Suspected phlebitis of a superficial vein

Initiate symptomatic care

(NSAIDs, topical agents)

DVT

Continue symptomatic care and review as needed

Deep vein, GSV or SSV involvement not likely

Not clinically improved or signs of extension

Clinical improvement, no signs of extension

Repeat clinical examination in 7-10 days to assess for extension, or sooner if symptoms progress

Deep vein, GSV or SSV involvement likely

GSV - great saphenous vein

SSV - small saphenous vein1

Notes

Consider anticoagulation2

SFJ – saphenofemoral junction

SPJ – saphenopopliteal junction

Superficial vein thrombus (SVT) within 3cm of SFJ / SPJ 3

Clinical examination to determine likelihood of deep vein, GSV or SSV involvement

Continue symptomatic care and review as needed.

Refer for duplex ultrasound if worsening symptoms / signs of extension

Prophylactic dose anticoagulation for 6 weeks5

Own GP to repeat clinical examination in 6 weeks6 or sooner if symptoms progress.

Additional evaluation and treatment may be indicated

Superficial vein thrombus (SVT) more than 3cm from SFJ / SPJ and less than 5cm long

No DVT

Superficial vein thrombus (SVT)more than 3cm from SFJ / SPJ and /or longer than 5cm

1. GSV located along the medial leg and thigh

SSV is located posteriorly in the calf from the knee to the ankle

Phlebitis causes pain, erythema and palpable cord along the course of a superficial vein

Significant swelling should raise suspicion of DVT

1. For patients with GSV or SSV thrombus approaching the SFJ / SPJ following vein ablation procedures continued conservative treatment is advocated
2. If phlebitis approaching SFJ / SPJ anticoagulate as per DVT protocol. If not, use SVT protocol.
3. Deep Vein Thrombosis (DVT) protocol

Apixaban 10mg twice a day for 7 days, followed by a maintenance dose of 5mg twice a day. Review at 3 months.

For more detailed prescribing, please refer to the SPC:

<https://www.medicines.org.uk/emc/search?q=apixaban>

Rivaroxaban 15mg twice a day with food for 21 days, followed by a maintenance dose of 20mg once a day. with food. Review at 3 months

For more detailed prescribing, please refer to the SPC:

 <https://www.medicines.org.uk/emc/search?q=%22rivaroxaban%22>

Low Molecular Weight Heparin (LMWH) – Enoxaparin. Variable dosing, see <https://bnf.nice.org.uk/drug/enoxaparin-sodium.html>

Variable dose Warfarin must be initially taken in combination with a LMWH Enoxaparin and continued for at least 5 days or until the INR≥2 for at least 24 hours, whichever is longer. The warfarin should be reviewed at 3 months.

<https://cks.nice.org.uk/topics/deep-vein-thrombosis/>

1. Superficial Vein thrombosis (SVT) treatment protocol

6 weeks anticoagulation with one of the following;

* Apixaban 2.5mg twice a day (Unlicensed indication)
* Rivaroxaban 10mg once a day with food (Unlicensed indication)
* Enoxaparin 40mg once a day (20mg once a day if weight <50kg,

40mg twice a day if weight >100kg) (Unlicensed indication)

Evidence supporting the treatment of SVT can be found <https://b-s-h.org.uk/guidelines/guidelines/investigation-and-management-of-venous-thrombosis-at-unusual-sites/>

Pain & inflammation should settle by the end of the 6 week treatment period. If it doesn't please consider extending treatment for a further 2 weeks. Vein may remain hard / lumpy for a longer period. This is not a concern if the only symptom.

If clinical signs and symptoms persist, consider continuing anticoagulation, and assess for underlying causes of thrombophlebitis.

<https://cks.nice.org.uk/superficial-vein-thrombosis-superficial-thrombophlebitis#!scenario>