Superficial Vein Thrombo-Phlebitis (SVTP) Management Guide

University Hospitals Sussex NHS Foundation Trust

Clinical examination findings:

- If SVTP clinically >5cm length or <15cm from sapheno-femoral junction or <10cm from sapheno-popliteal junction, arrange same leg ultrasound scan (uss) to exclude DVT and assess extent of SVTP – start full dose anticoagulation while awaiting scan. If SVTP clinically more limited: uss not indicated.

Treatment of confirmed SVTP:

- Advise simple analgesia/NSAID topical cream for pain.
- Antibiotics only if secondary bacterial infection.
- If SVTP <3cm from femoral vein junction or <1cm from popliteal vein junction or if clot length on uss >5cm, consider mid-range anticoagulation (risk of bleeding assessment vs. thrombosis risk factors assessment).
- i.e. Fondaparinux 2.5mg sc od (licensed) or the off license use of either: sc LMWH (half of full anticoagulant dose) or Apixaban 2.5mg BD po or Rivaroxaban 10mg OD with food. 6 week treatment period only.
- Consider repeat uss in 1/52 if high VTE risk and not anticoagulating.
- Consider sapheno-femoral ligation if anticoagulation contra-indicated.

SUPERFICIAL VEINS:

Perforators: gastrocnemius vein, soleal vein, genicular venous plexus, other perforators.

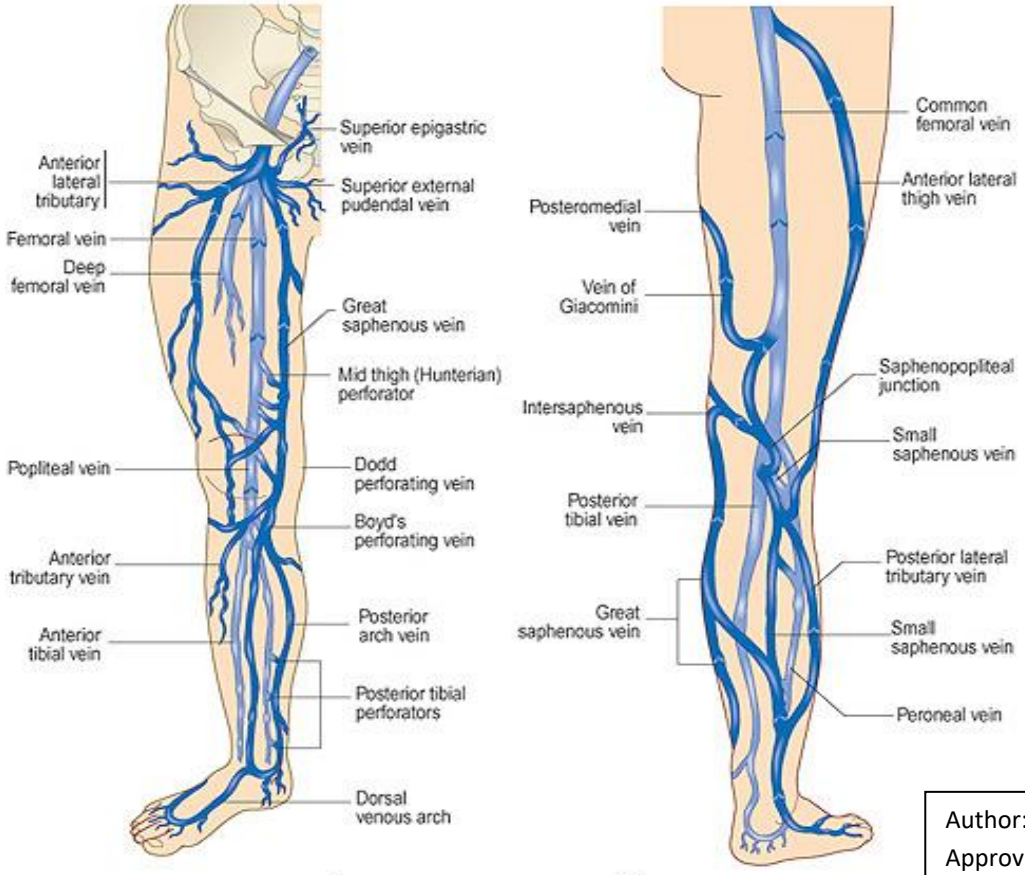
Superficial: small (short) saphenous vein (SSV), great (long) saphenous vein (GSV/LSV).

DEEP VEINS:

Proximal: common femoral vein (CFV), (superficial) femoral vein (SFV) & popliteal vein.

Distal (calf): anterior tibial vein, posterior tibial vein, peroneal (fibular) vein.

Thrombus in deep veins is a DVT – follow Confirmed VTE guideline.



The Venous Anatomy of the Legs
Deep System - light blue Superficial System - dark blue

Author: Simon Murphy. Version 1.3 Dec 2021. Approved by:Joint Thrombosis Committee Dec 2021. Based on EVB SVT Guideline 2020.