Algorithm for Management of Superficial Thrombophlebitis (SVT)

- **SVT within 3cm of sapheno-femoral junction**
  - Manage as DVT (see Trust Guidelines)

- **SVT within a hands breadth of sapheno-femoral junction or sapheno-popliteal junction**
  - SVT >5cm in length and has one of the following:
    - a. severe symptoms
    - b. involvement above knee or elbow
    - c. history of DVT or SVT
    - d. active cancer (discuss with oncologist)
    - e. recent surgery
    - f. pregnancy
  - SVT >5cm in length and no other feature
  - SVT <5cm in length

- **SVT <5cm in length**
  - Manage as DVT (see Trust Guidelines)

- **Arrange compression Ultrasonography to exclude DVT**
  - Options
    - NSAIDs
    - class I or II compression stockings
    - consider Hiduroid cream

- **If DVT excluded recommend treatment with prophylactic dose LMWH for 6 weeks if no contraindications.**

**For all patients**
- Consider review if no improvement at 1 week or earlier if progressive symptoms
- If patient does not have varicose veins, consider the possibility of a non-metastatic manifestation of malignancy: ‘Trousseau’ syndrome
- If recurrent, unexplained lower limb SVT, consider referral to vascular surgeons for assessment of chronic venous insufficiency.
- We recommend that any patient with active malignancy and thrombosis is discussed with their oncologist.