Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Bilateral Lower Limbs - Varicose Veins

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- An operation report (wound exploration and vein repair) by the surgeon, Role 3 hospital, Afghanistan, dated 12 May 2007;
- A pre-deployment medical examination by the medical officer, dated 15 April 2009;
- A casualty treatment record and X-ray report by the medical officer, Middle East, dated 20 November 2009;
- A duplex ultrasound and CT pulmonary angiogram reports by the radiologist, dated 27 November 2009;
- A CT venogram and echocardiogram reports by the radiologist and cardiologist, dated 24 February 2010;
- A right heart catheterisation report by the cardiologist, dated 10 March 2010;
- A duplex ultrasound right groin report by the vascular sonographer, dated 22 March 2010;
- An outpatient health record and referral by the medical officer, Garrison health centre, dated 25 May 2010;
- A venous duplex ultrasound report by the vascular sonographer, dated 3 June 2010;
- A specialist consultation by the respiratory physician, dated 2 March 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 18 March 2013;
- A duplex ultrasound report by the radiologist, dated 2 February 2016;
- A venous duplex ultrasound and specialist consultation by the vascular surgeon, dated 14 June 2016.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 February 2001 and 20 July 2018

Bilateral Lower Limbs - Varicose Veins

You have stated that your condition was caused by:

- *having deep vein thrombosis within a deep vein that drains the affected lower limb before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic complete or partial obstruction of a vein that drains the affected lower limb before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *being pregnant at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *standing for at least four hours per day, on more days than not, for a continuous period of at least the five years before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic dysfunction of the calf muscle pump in the affected lower limb at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having an acquired arteriovenous fistula involving the blood vessels that supply the affected lower limb at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having trauma to a valve in a vein of the affected lower limb causing dysfunction or incompetence of that valve before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having tricuspid valve regurgitation, in the presence of a pulsatile greater saphenous vein, at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having varicose veins of the affected lower limb at the time of the clinical onset of chronic venous insufficiency of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having heart failure at the time of the clinical onset of chronic venous insufficiency of the lower limb*
- *for chronic venous insufficiency of the lower limb only: being obese at the time of the clinical onset of chronic venous insufficiency of the lower limb*
- *for varicose veins of the thigh only, having a varicosity of an abdominal or pelvic vein, leading to reflux into the affected thigh vein via interconnecting or collateral veins, at the*

time of the clinical onset of varicose veins of the thigh

Diagnosis: Varicose Veins

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by a venous duplex ultrasound report by the vascular sonographer, dated 3 June 2010.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Chronic Venous Insufficiency of the Lower Limb and Varicose Veins of the Lower Limb (Balance of Probabilities) (No. 8 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having deep vein thrombosis within a deep vein that drains the affected lower limb before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic complete or partial obstruction of a vein that drains the affected lower limb before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *being pregnant at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *standing for at least four hours per day, on more days than not, for a continuous period of at least the five years before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic dysfunction of the calf muscle pump in the affected lower limb at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having an acquired arteriovenous fistula involving the blood vessels that supply the affected lower limb at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having trauma to a valve in a vein of the affected lower limb causing dysfunction or incompetence of that valve before the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having tricuspid valve regurgitation, in the presence of a pulsatile greater saphenous vein, at the time of the clinical onset of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having varicose veins of the affected lower limb at the time of the clinical onset of chronic venous insufficiency of the lower limb*

- *for chronic venous insufficiency of the lower limb only: having heart failure at the time of the clinical onset of chronic venous insufficiency of the lower limb*
- *for chronic venous insufficiency of the lower limb only: being obese at the time of the clinical onset of chronic venous insufficiency of the lower limb*
- *for varicose veins of the thigh only, having a varicosity of an abdominal or pelvic vein, leading to reflux into the affected thigh vein via interconnecting or collateral veins, at the time of the clinical onset of varicose veins of the thigh*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with aching, heaviness and swelling of both legs at the end of each kitchen shift, with newly visible bulging veins in both thighs and calves and vulval veins on the left on 25 May 2010.

The diagnosis was confirmed by venous duplex ultrasound on 3 June 2010, which showed bilateral great saphenous vein reflux with dilated tortuous tributaries, an incompetent right saphenofemoral junction with a scarred terminal valve, left post-thrombotic deep venous reflux and reflux from pelvic varices into the left posterior thigh veins. Clinical examination on 25 May 2010 showed visible varicosities in both thighs and calves, consistent with the Statement of Principles definition of varicose veins of the lower limb.

This has then led to further investigations and the diagnosis of your condition of *Varicose Veins*. I have accepted your condition of *Varicose Veins*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 18 May 2010.

Bilateral Lower Limbs - Varicose Veins (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- An operation report (wound exploration and vein repair) by the surgeon, Role 3 hospital, Afghanistan, dated 12 May 2007;
- A pre-deployment medical examination by the medical officer, dated 15 April 2009;
- A casualty treatment record and X-ray report by the medical officer, Middle East, dated 20 November 2009;
- A duplex ultrasound and CT pulmonary angiogram reports by the radiologist, dated 27 November 2009;
- A CT venogram and echocardiogram reports by the radiologist and cardiologist, dated 24 February 2010;
- A right heart catheterisation report by the cardiologist, dated 10 March 2010;
- A duplex ultrasound right groin report by the vascular sonographer, dated 22 March 2010;
- An outpatient health record and referral by the medical officer, Garrison health centre, dated 25 May 2010;
- A venous duplex ultrasound report by the vascular sonographer, dated 3 June 2010;
- A specialist consultation by the respiratory physician, dated 2 March 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 18 March 2013;
- A duplex ultrasound report by the radiologist, dated 2 February 2016;
- A venous duplex ultrasound and specialist consultation by the vascular surgeon, dated 14 June 2016.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 February 2001 and 20 July 2018

Bilateral Lower Limbs - Varicose Veins (Worsening)

You have stated that the worsening of your condition was caused by:

- *having deep vein thrombosis within a deep vein that drains the affected lower limb before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic complete or partial obstruction of a vein that drains the affected lower limb before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *being pregnant at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *standing for at least four hours per day, on more days than not, for a continuous period of at least the five years before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic dysfunction of the calf muscle pump in the affected lower limb at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having an acquired arteriovenous fistula involving the blood vessels that supply the affected lower limb at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having trauma to a valve in a vein of the affected lower limb causing dysfunction or incompetence of that valve before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having tricuspid valve regurgitation, in the presence of a pulsatile greater saphenous vein, at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having varicose veins of the affected lower limb at the time of the clinical worsening of chronic venous insufficiency of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having heart failure at the time of the clinical worsening of chronic venous insufficiency of the lower limb*
- *for chronic venous insufficiency of the lower limb only: being obese at the time of the clinical worsening of chronic venous insufficiency of the lower limb*
- *for varicose veins of the thigh only, having a varicosity of an abdominal or pelvic vein, leading to reflux into the affected thigh vein via interconnecting or collateral veins, at the time of the clinical worsening of varicose veins of the thigh*
- *inability to obtain appropriate clinical management for chronic venous insufficiency of the lower limb or varicose veins of the lower limb*

Diagnosis: Varicose Veins (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by a venous duplex ultrasound report by the vascular sonographer, dated 3 June 2010.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Chronic Venous Insufficiency of the Lower Limb and Varicose Veins of the Lower Limb (Balance of Probabilities) (No. 8 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having deep vein thrombosis within a deep vein that drains the affected lower limb before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic complete or partial obstruction of a vein that drains the affected lower limb before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *being pregnant at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *standing for at least four hours per day, on more days than not, for a continuous period of at least the five years before the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having chronic dysfunction of the calf muscle pump in the affected lower limb at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *having an acquired arteriovenous fistula involving the blood vessels that supply the affected lower limb at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
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- *having tricuspid valve regurgitation, in the presence of a pulsatile greater saphenous vein, at the time of the clinical worsening of chronic venous insufficiency of the lower limb or varicose veins of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having varicose veins of the affected lower limb at the time of the clinical worsening of chronic venous insufficiency of the lower limb*
- *for chronic venous insufficiency of the lower limb only: having heart failure at the time of the clinical worsening of chronic venous insufficiency of the lower limb*

- *for chronic venous insufficiency of the lower limb only: being obese at the time of the clinical worsening of chronic venous insufficiency of the lower limb*
- *for varicose veins of the thigh only, having a varicosity of an abdominal or pelvic vein, leading to reflux into the affected thigh vein via interconnecting or collateral veins, at the time of the clinical worsening of varicose veins of the thigh*
- *inability to obtain appropriate clinical management for chronic venous insufficiency of the lower limb or varicose veins of the lower limb*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with aching, heaviness and swelling of both legs at the end of each kitchen shift, with newly visible bulging veins in both thighs and calves and vulval veins on the left on 25 May 2010.

The diagnosis was confirmed by venous duplex ultrasound on 3 June 2010, which showed bilateral great saphenous vein reflux with dilated tortuous tributaries, an incompetent right saphenofemoral junction with a scarred terminal valve, left post-thrombotic deep venous reflux and reflux from pelvic varices into the left posterior thigh veins. Clinical examination on 25 May 2010 showed visible varicosities in both thighs and calves, consistent with the Statement of Principles definition of varicose veins of the lower limb.

After the condition arose, it was worsened during your service. In addition to the left femoral and popliteal thrombosis of November 2009, you had a recurrent left calf deep vein thrombosis on 2 February 2016, four months before the documented worsening on 14 June 2016. The post-thrombotic narrowing of the left common iliac vein, shown in February 2010, persisted and was present before the worsening on 14 June 2016. You were 22 weeks pregnant on 14 June 2016, when enlarging varicose veins and a venous ulcer were documented. From 14 June 2011 to 14 June 2016 you worked full time as a senior cook in a garrison kitchen, standing for 7 to 10 hours on most working days, having returned from maternity leave on 10 January 2011. The left ankle remained stiff, with dorsiflexion of 5 degrees, at the worsening on 14 June 2016, impairing the calf muscle pump in the left leg where the venous ulcer developed. The right common femoral arteriovenous fistula, managed conservatively, persisted and was present on duplex at the worsening on 14 June 2016. The traumatic incompetence of the right great saphenous terminal valve from the fragment wound of 12 May 2007 preceded the worsening on 14 June 2016 and remained incompetent on duplex at that date. Echocardiography in May 2016 showed moderate to severe tricuspid regurgitation, and the right great saphenous vein remained pulsatile on duplex on 14 June 2016, at the worsening. Enlarging varicose veins of both legs were present when the chronic venous insufficiency worsened to venous ulceration on 14 June 2016. Right heart failure, treated with diuretics since March 2013, was present at the worsening on 14 June 2016. Your BMI before your second pregnancy was 35.1, and you remained obese at the worsening on 14 June 2016. Pelvic and vulval varices with reflux into the left posterior thigh veins persisted and enlarged during the second pregnancy, and were present when the thigh varicosities worsened on 14 June 2016. You were referred to a vascular surgeon on 25 May 2010 but was not seen until

July 2011, 14 months later, because you were posted to a regional base without visiting vascular services.

This has then led to further investigations and the diagnosis of your condition of *Varicose Veins (Worsening)*. I have accepted your condition of *Varicose Veins (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 June 2016.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.