

Policy statement:	Hernia - Elective Surgical Repair
Status:	Exceptional Clinical Circumstances

Emergency treatment – when this is required eg suspected strangulation, the patient should be referred for emergency treatment.

Femoral hernias – should be referred to secondary care due to the increased risk of incarceration / strangulation.

Symptoms - Patients typically present with a weakness or hole in the muscles of the abdomen that allows part of the contents of the abdomen to bulge through, forming a swelling or lump under the skin. Normally these muscles are strong enough to hold the contents of the abdomen in place – including fat, intestines and organs. There are several different types of hernias.

Conservative treatment approach includes living with the hernia, making lifestyle changes and watching for changes to the hernia and possibly the fitting of a truss. Lifestyle changes may include giving up smoking and avoiding heavy lifting.

Restrictions - Surgical treatment of the following hernias is commissioned on a restricted basis for patients meeting the defined criteria below:

- Inguinal (groin) hernias in adults
- Incisional hernias in adults
- Umbilical hernias in adults

Inguinal Hernias – criteria for referral

For asymptomatic hernias, a watchful waiting approach is advocated with informed consent. Surgical treatment should only be offered when one of the following criteria is met:

- Pain or discomfort significantly interfering with work or activities of daily living.
- History of incarceration, or difficulty in reducing the hernia
- Inguino-scrotal hernia
- Progressive increase in size month on month
- The patient is currently asymptomatic but works in a heavy manual occupation and there is an increased risk of strangulation and future complications

Umbilical Hernias – criteria for referral

Surgical treatment should only be offered when one of the following criteria is met:

- Pain / discomfort significantly interfering with activities of daily living
- Progressive increase in size month on month
- To avoid incarceration or strangulation of bowel
- The patient is currently asymptomatic but works in a heavy manual occupation and there is an increased risk of strangulation and future complications

Incisional hernias - criteria for referral

Surgical treatment should only be offered when one of the following criteria are met:

- Pain / discomfort interfering with activities of daily living and appropriate conservative management has been tried first eg weight reduction where appropriate

Or

- The patient is currently asymptomatic but works in a heavy manual occupation and there is an increased risk of strangulation and future complications

Where applicable, referral letter must detail conservative methods tried.

All patients who are smokers should be referred to smoking cessation services before referral for the initial assessment appointment.

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the CCG policy.

Patient information

NHS Choices - <http://www.nhs.uk/conditions/hernias/pages/introduction.aspx>

Rightcare shared decision making tool

<http://sdm.rightcare.nhs.uk/pda/inguinal-hernia/compare-options/>

References

1. Simons MP, Aufenacker T. European Hernia Society guidelines on treatment on inguinal hernia in adult patients *Hernia* 2009; 13:343-403
2. Fitzgibbons RJ, Giobbe-Hurder A. Watchful waiting vs Repair of inguinal hernia in minimally symptomatic men. *JAMA* 2006; 295:2852-92
3. O'Dwyer PJ, Norrie J. Observation or operation for patients with asymptomatic inguinal hernia. *Ann Surg* 2006; 244:167-173>