

Hernia Management and Repair in Adults

Policy Statement : Date of Issue: 1 September 2014

Policy - Criteria to Access Treatment – CRITERIA BASED ACCESS

All suspected groin hernias in female patients are approved for referral to secondary care due to the increased risk of incarceration/strangulation.

THIS IS A CRITERIA BASED ACCESS POLICY. REFERRAL TO SECONDARY CARE AND SUBSEQUENT TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW.

- History of incarceration, difficulty in reducing the hernia, or risk of strangulation

OR

- Inguino-scrotal hernia

OR

- Progressive increase in size of hernia (month-on-month)

OR

- Pain or discomfort significantly interfering with activities of daily living, including work related issues e.g. missed work/unable to work/on light duties due to hernia

The Commissioner will not fund surgery for the following:

- Small, asymptomatic hernias
- Minimally symptomatic hernias
- Large, wide necked hernias unless there is demonstrable evidence that it is causing significant symptoms
- Groin pain, including 'athletic pubalgia', sometimes known as 'sports hernia'
- Impalpable hernias/abdominal wall weakness

Evidence and Background

An asymptomatic inguinal hernia has been defined as an inguinal hernia without pain or discomfort for the patient, and a minimally symptomatic hernia as an inguinal hernia with complaints that do not interfere with normal daily activities. There is increasing evidence that not all asymptomatic or minimally symptomatic hernias will progress to complication or a state that will require surgical intervention, and many clinicians now agree that watchful waiting is a treatment option. In a few cases the risk of surgery may outweigh the benefit.

Additional information

Obesity and hernia repair. Clinicians have advised that repair is technically more difficult in patients who are obese and the decision to offer surgery needs to take account of this. If an obese patient requires referral for a surgical opinion, it is important to explain that surgery will not automatically be offered.

Patients who are obese should be encouraged and offered support to lose weight.

Advice on hernia prevention should emphasise reducing strain on the abdominal wall: avoid recurrent coughing (smokers should be advised to stop smoking); safe practice in lifting heavy objects; achieve a healthy weight; avoid constipation.

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 at the Commissioner's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on 0800 073 0907 or 0117 947 4477.

This policy has been developed with the aid of the following references:

Simons MP, Aufenacker T. European Hernia Society guidelines on the treatment on inguinal hernia in adult patients. *Hernia* 2009; 13:343-403

Fitzgibbons RJ, Giobbe-Hurder A. Watchful waiting vs. Repair of Inguinal Hernia in Minimally Symptomatic Men. *JAMA* 2006; 295:285292

O'Dwyer PJ, Norrie J. Observation or Operation for Patients with an Asymptomatic Inguinal hernia. *Ann Surg* 2006; 244:167-173

Regional/PCT Funding Policies reviewed:

Bedfordshire and Hertfordshire Priorities forum statement

Thames Valley Priorities Committees (Oxfordshire PCTs)

West Essex PCT

Herfordshire PCT Derbyshire County PCT

West Sussex PCT

Outer North East London (ONEL)

This policy is based on the policy from NW London:

www.northwestlondon.nhs.uk/.../23%20Hernias%20in%20Adults.pdf



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