



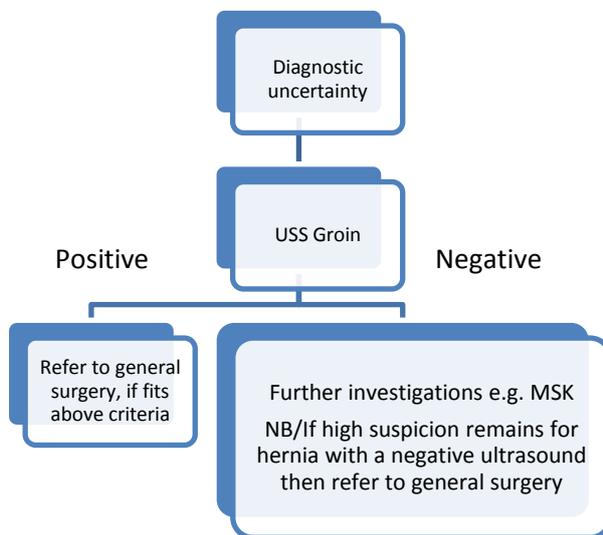
General Commissioning Statement

Condition or Treatment	Hernia Repair
Background	<p>A hernia is the protrusion of tissue or part of an organ through the cavity in which it is contained. There are different forms of abdominal hernia including; inguinal, femoral, umbilical, para-umbilical, epigastric and incisional hernias. Groin hernia repair is one of the most common surgical procedures in England and Wales, with 71,000 carried out in 2014-15¹ with 98% of inguinal hernias occurring in men¹</p>
Commissioning statement	<p>Referral for a surgical opinion should only be made if there are any of the following circumstances:</p> <ol style="list-style-type: none"> 1. Umbilical, Para-umbilical & Epigastric (Please note; Congenital Umbilical hernia not included in this policy, generally most resolve spontaneously) Symptomatic – Patient complaining of pain and / or atrophic skin changes Asymptomatic but increasing in size 2. Incisional Hernia Symptomatic Asymptomatic but increasing in size 3. Female groin hernia – refer all due to the increased likelihood of a femoral hernia in this group. NB/ Patients with a high BMI are at higher risk of developing a femoral hernia. 4. Male femoral hernia – refer all due to the increased risk of incarceration or strangulation of femoral hernias. NB/ Patients with a high BMI are at higher risk of developing a femoral hernia. 5. Male Inguinal hernias that meet one of the following criteria; NB/ please consider USS as an initial investigation in patients where there is no definite hernia prior to referral to general surgery: <ul style="list-style-type: none"> • Visible hernia on clinical examination (asymmetry on visual clinical examination whilst patient standing / coughing) AND symptomatic (pain, affecting activities of daily living or work)

Notes

1.This Statement will be reviewed in the light of new evidence, or guidance from NICE

- Large inguinal / inguinal scrotal hernia – refer for opinion even if asymptomatic
- The hernia increases in size month on month
- Men with inguinal hernia that is asymptomatic or minimally symptomatic (minimal pain, minimal affect on activities of daily living or work) should be cared for with a watchful waiting approach, providing reassurance and informed consent.
- If no hernia is seen on clinical examination but there is persistent groin pain and diagnostic uncertainty, then options may include referral to Musculoskeletal services and/or ultrasound of groin before referral to surgical specialty for diagnostic uncertainty.



Referral guidance	<p>Referral guidance only. If the request meets the identified criteria the referral form needs to be completed and submitted via e-Referrals.</p> <p>Click here for referral form</p> <p>Exceptional cases which do not meet the criteria can be referred to the CCG Individual Funding Request Panel for prior approval</p>
Effective from	1 st October 2017
Summary of evidence / rationale	<p>Inguinal hernia repair is one of the most common surgical procedures, and how effectively this is done in a healthcare system has a substantial social and economic impact.</p> <p>In 2016, The ‘Hernia Surge’ Group developed recommendations regarding groin hernia management including diagnosis, referral and surgical</p>

	<p>management². The suggestion from this document is that surgery is recommended in men with symptomatic inguinal hernia and watchful waiting is recommended in men with asymptomatic or minimally symptomatic inguinal hernia as the risk of incarceration or strangulation in this group is low. The authors suggest that all women with a groin hernia should be referred for assessment and repair on an urgent basis. These guidelines are in agreement with those developed by NHS England in 2013³.</p> <p>References</p> <p>1. NICE, 2004, Laparoscopic surgery for inguinal hernia repair, website accessed feb 2017: https://www.nice.org.uk/guidance/ta83</p> <p>2. The HerniaSurge Group, 2016, World Guidelines for Groin Hernia Management, https://www.europernherniasociety.eu/fileadmin/downloads/Rotterdam/Hernia_SurgeGuidelinesStatementsRecomendations.pdf</p> <p>3. NHS England, 2013, Interim Clinical Commissioning Policy: Abdominal Wall Hernia Management and Repair in Adults</p>
Date	August 2017
Review Date	August 2019
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