

HERNIA IN ADULTS

CRITERIA BASED ACCESS FOR REFERRAL FROM PRIMARY TO SECONDARY CARE

Timely referral

Provide immediate referral for a surgical opinion when there is a diagnosis or suspected diagnosis of:

- Groin hernia (inguinal or femoral) in women.
- Femoral hernia in women or men
- Paraumbilical hernia in women or men.

Inguinal hernia in men

Elective surgery for inguinal hernia repair is funded for male patients who meet the following criteria:

- Objective increase in size month by month

OR

- Pain or discomfort causing significant functional impairment (symptoms preventing the patient conducting normal work or domestic activities)

OR

- History of incarceration or real difficulty in reducing the hernia.

Incisional hernia

Should be referred if painful.

Epigastric hernia/ Umbilical hernia

Epigastric and umbilical hernias should be referred if painful and irreducible.

Optimisation for surgery/ timing of surgery

Patients should note that referral to secondary care may not necessarily result in hernia repair. As part of the referral process, patients who are smokers should be encouraged to stop using tobacco and those with a BMI >30 should be advised to lose weight while the referral is in progress.

In accordance with the European Society and Americas Hernia Society guidance (2020), umbilical and epigastric hernia repair in women should, if possible, be postponed until after pregnancy, and preferably until after the last pregnancy in women of childbearing age.

Policy exclusions and considerations

- Emergencies. This policy excludes emergency hospital admission for a suspected serious complication of any hernia such as strangulation or intestinal obstruction.
- Diastasis recti or divarication of recti. This is not a hernia and is not normally funded by BSW ICB in adult patients aged 18 years and over.
- This policy does not apply any thresholds to the following types of hernia:
 - Inguino-scrotal hernia. A systematic review by Tran et al (2023) suggests watchful waiting can be considered, but in view of the low level of evidence, no access threshold is applied.
 - Parastomal hernia. The European Hernia Society (2019) found no evidence to inform the question of the benefit of watchful waiting versus surgery.
 - Spigelian hernia. The European Hernia Society and Americas Hernia Society (2020) concluded that no recommendation could be made owing to a lack of evidence.
 - Ventral hernia repair prior to the placement of a peritoneal dialysis catheter. There is contradictory evidence from guidance by the European Hernia Society and Americas Hernia Society (2020) and a subsequent study by Thomas et al (2021).