**Hernia Management and Repair in Adults excluding Femoral Hernias**

**PRIOR APPROVAL FORM**

**Please ensure all sections are completed and any requested supporting information is provided to ensure a prompt decision. Unless the patient fully meets the criteria, funding will not be approved unless there are exceptional reasons.**

**PART A – MUST BE COMPLETED FOR ALL REQUESTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GP/CONSULTANT DETAILS** | | | | | | |
| Name: | |  | | GP Practice Code: | |  |
| Address: | |  | | Trust: | |  |
| Preferred Contact (Email) - Only NHS.NET addresses are acceptable: | | @nhs.net | | | | |
| **PATIENT’S DETAILS** | | | | | | |
| NHS No: |  | | MRN (if applicable): | |  | |
| Date of Birth: |  | | | | | |

**Requesting clinician – please confirm the following.**

|  |  |  |
| --- | --- | --- |
| Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the ICB. | Yes | No |
| I have informed the patient that this intervention will only be funded where the criteria are met. | Yes | No |
| I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate. | Yes | No |

**PART B – MUST BE COMPLETED FOR ALL REQUESTS**

|  |  |  |
| --- | --- | --- |
| **ACCESS CRITERIA** | | |
| **Please provide further information as relevant.** | | |
| Surgical repair of symptomatic hernias is supported for patients who meet the following criteria: | | |
| Suspicion that the hernia is going to strangulate (e.g. there have been episodes of self-resolving temporary incarceration of the hernia), without the need to wait 3 months. | Yes | No |
| **OR**  Symptomatic hernias in patients where symptoms are interfering with normal work, educational responsibilities and/or normal domestic activities can be referred. Description of problems should be documented in referral letter. | Yes | No |
| **OR**  Symptomatic hernias in more sedentary patients that over a three-month GP assessment period are clinically enlarging or causing significant discomfort and/or limiting activities can be referred. Description of changes and/or symptoms should be documented in referral letter. | Yes | No |
| Sportsperson’s groin/hernia – now known as Inguinal Disruption is a common condition where no true hernia exists.  A full physiotherapy is required before any surgery is contemplated. | Yes | No |

In women, all suspected groin hernias should be urgent referrals.

Umbilical hernias affect only children and all peri-umbilical hernias in adults are paraumbilical hernias.

**Please provide evidence below to support the information provided. Without evidence your application may be rejected. If you prefer you can attach supporting information, such as a clinic letter, rather than completing the box below.**

|  |
| --- |
| Supporting information: |

How to complete:

* Add GP/Consultant details.
* Add Patient details.
* Tick to answer yes or no to criteria listed under the procedure being requested.
* Provide supporting information to evidence assessment in the free text area or attach supporting information such as clinic letter.
* Email form to [glicb.ifr@nhs.net](mailto:glicb.ifr@nhs.net)
* Response will be sent from Gloucestershire ICB to the preferred contact for reply within a maximum of 10 working days.
* Please complete the form in typeface.

May 2025