

Commissioning Policy

Hernia Management and Repair in Adults excluding Femoral Hernias

Prior Approval (PA)

Date adopted:

Version: 6

Authorisation and document control

Name of policy:	Hernia Management and Repair in Adults Excluding Femoral Hernias
Job title of author:	Commissioning Manager
Name of sign off group:	CPRG

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	April 2024

Consultation	
Name of group	Date considered
Planned Care Programme Board	31.05.2015 (virtual)
CCG Governing Body Development Session	04.06.2015
GHNHSFT (via General Manager/Head of Contracts)	18.05.2015 – 29.05.2015
GP Membership (via CCG Live/What's New This Week)	06/05/2015 – 05/06/2015

Authorisation	
Name of group	Date approved
Effective Clinical Commissioning Policy Group	14 April 2015
Integrated Governance and Quality Committee	18 June 2015

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Review date	June 2027
To be reviewed by (job title)	Commissioning Manager

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
V2	23.08.18	Recommendation from the clinical lead for Upper GI surgery at GHFT to remove paraumbilical hernias from the exclusions from the criteria for access; as technically umbilical hernias are a congenital problem that affect children only and all adult peri-umbilical hernias are paraumbilical and low risk of strangulation. Femoral hernias should be the only ones exempt.	Anneka Taylor	
V3	Dec 2019	Review date changed to Jan 2023. Title changed from 'To cover Hernias other than Femoral' to 'Excluding Femoral Hernias'.	Anneka Taylor	
V4	Mar 2021	Minor word changes to bring in line with EBI policy. *In women, all suspected groin hernias should be urgent referrals.	Anneka Taylor	
V5	June 2024	Moved to new ICB policy template. Umbilical hernia removed from policy details and final sentence added to background to clarify paraumbilical hernia. Review date agreed as June 2027	Assistant Commissioning Manager	CPRG
V6	May 2025	Policy moved to CBA+PA criteria.		

1.0 Background

A hernia is the protrusion and subsequent displacement of a viscus through an orifice or a weakness in the wall of the cavity in which it is contained.

Hernias are very common, and repair is not without complications so a sensible risk / benefit assessment for surgery is required. In more sedentary patients with wide necked smaller hernias and few symptoms watchful waiting is appropriate and low risk care.

Diagnosis can be made clinically in the vast majority of cases and Ultrasound or other imaging is very rarely needed – if there are significant symptoms but diagnostic uncertainty, referral is a better option.

Recurrence rates with modern surgery are low and recurrent non-incisional hernias are more prone to complications so should have a lower threshold for referral.

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.

2.0 Policy statement

Policy category	Policy details
CBA	<p>This policy covers Inguinal Hernias, Paraumbilical hernias and Incisional Hernias. It does not cover Femoral Hernias which should be referred for repairs when diagnosed as the risk of strangulation is greater.</p> <p>ICB commissioning position is that smaller hernias, giving few symptoms, especially wide necked hernias in more sedentary men are a low value treatment and many can be managed with GP watchful waiting. Surgical repair of this type of hernia will therefore not usually be funded.</p> <p>Surgical repair of symptomatic hernias is supported for patients who meet the following criteria:</p> <p>Prior Approval must be granted by Gloucestershire ICB before treatment.</p> <ul style="list-style-type: none"> • 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. • 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. • 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. <p>Appropriate GP advice and support re weight management and smoking cessation is important and has the dual benefit of reducing symptoms and hence possible requirement for surgery and making any subsequent surgery much safer. Attempts to achieve these should be documented in any referral. Hernia repair is not without risks and complications and sensible attempts to avoid these should be taken.</p>

	<p>Referrals/applications should include evidence that, where necessary, advice and signposting to support, such as Healthy Lifestyles Gloucestershire www.hlsghos.org, has been provided regarding lifestyle changes to improve outcomes.</p> <ul style="list-style-type: none"> • Sportsperson's groin/hernia – now known as Inguinal Disruption is a common condition where no true hernia exists. This condition is not funded without Prior Approval as recommendations from national consensus are that a full physiotherapy is required before any surgery is contemplated.
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3.0 Patients who are not eligible for treatment under this policy.

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 ICB'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.

4.0 Connected policies

None

5.0 References

[International guidelines for groin hernia management - British Hernia Society](#)

Fitzgibbons, RJ et al. Watchful waiting vs repair of inguinal hernia in minimally symptomatic men: a randomized control trial. JAMA. 2006 Jan 18;295(3):285-92.
<http://www.ncbi.nlm.nih.gov/pubmed/16418463>

European hernia society guidelines for management of inguinal hernia in adult patients -
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719730/>

Complications of hernia repair - <http://www.uptodate.com/contents/overview-of-complications-of-inguinal-and-femoral-hernia-repair>

Br J Sports Med doi:10.1136/bjsports-2013-092872

Review of local IFR policies – Bristol, South Gloucestershire, Bath and North East Somerset, Worcestershire, Oxfordshire. All restrict access based on a range of criteria, including level of functional impairment.