

# Hernia Surgery in Adults (Inguinal, Femoral, and Abdominal Hernias and Divarication of Recti) Surgical Threshold Policy

## This policy covers

The referral for surgery for adults with groin (inguinal and femoral) hernias, abdominal (including incisional and umbilical) hernias and divarication of the recti.

## The Policy does not apply in the circumstances below:

- Does not cover children.

Referring and treating clinicians should ensure compliance with this policy.

Referral proforma MUST be attached to the patient notes as evidence of compliance.

If criteria not met, use the exceptional funding section of the [referral proforma](#) to apply for funding.

## CCG funding criteria for referral for Hernia Surgery in Adults

Surgery will be funded<sup>i</sup> for adult patients with symptoms of incarceration, strangulation or obstruction.

Adult patients without symptoms of incarceration, strangulation or obstruction:

**Femoral Hernia<sup>i</sup>** – surgery will be funded.

**Inguinal Hernia** – patients with asymptomatic or mildly symptomatic inguinal hernias should not be referred. Surgery will not be funded unless there is<sup>ii</sup>:

- difficulty in reducing the hernia; **OR**
- an inguino-scrotal hernia; **OR**
- pain with strenuous activity, prostatism or discomfort significantly interfering with activities of daily living<sup>iii</sup>; **OR**
- the patient is female.

**Abdominal (including incisional and umbilical) hernia** – surgery will not be funded unless<sup>ii</sup>:

- there is pain/discomfort significantly interfering with activities of daily living<sup>iii</sup>; **AND**
- for patients with BMI $\geq$ 30kg/m<sup>2</sup>, they have been advised on weight reduction to reduce the risks of recurrence and post-operative complications; **OR**
- the hernia is causing difficulty with the fitting of a stoma appliance, eg bag leaking or skin damage.

For incisional hernias, surgery will be funded where a significant increase in size is noted over time.

**Divarication of Recti** – Divarication of recti as a stand-alone procedure will not be funded.

**Groin pain with clinical suspicion of hernia (obscure pain or swelling)** – These patients should not have diagnostic testing in primary care but be referred for specialist assessment. Funding criteria for surgery are then applied as laid out in this policy.

**Day surgery** – for patients meeting the criteria for day-case surgery and where day-case surgery is possible, only day-case surgery should be funded.

**Recurrent and bilateral hernia** – these are considered in the same way as primary hernias and funding criteria for surgery will be applied as described in this policy. Referral should be made to appropriate specialists with expertise in open and laparoscopic surgery.

See notes over page/...

## Notes

- i Patients should be referred directly for surgery.
- ii Patients should be managed with observation and review.
- iii Activities such as meal preparation, laundry, housekeeping, shopping, using the phone, driving or using public transport.

## Smoking

Advise people who smoke to attempt to stop smoking and refer to stop-smoking services – [see stop smoking policy](#)

Glossary	
<b>Asymptomatic:</b>	The lack of any symptoms of disease, whether or not a disease is in fact present.
<b>Divarication of Recti:</b>	Divarication of the recti (diastasis recti) is the separation of the rectus abdominis muscle.
<b>Hernia:</b>	Protrusion of an internal organ of the body through a weakness in the muscle or surrounding tissue wall of the cavity that normally contains it.
<b>Laparoscopic surgery:</b>	Minimally invasive surgery using a laparoscope.
<b>Obstruction:</b>	Mechanical or functional obstruction of the intestines which prevents the normal movement of the products of digestion.
<b>Incarceration:</b>	Hernia becomes stuck in the groin or scrotum and cannot be massaged back into the abdomen.
<b>Strangulation:</b>	Portion of the bowel is trapped, cutting off the blood supply and causing the trapped bowel to die or rupture.

Evidence and references to support this policy are available in [Part 2](#) of this policy.

<b>Policy effective from:</b>	Reviewed policy ratified by CCG Governing Body 2 March 2021 Reviewed policy approved by IPAC 22 December 2020 Reviewed policy approved by CPF 9 November 2020 Policy adopted by CCG 1 April 2013 March 2021
<b>Policy to be reviewed:</b>	March 2023
<b>Reference:</b>	onedrive:\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Hernias\Agreed\HERNIA MAR 2021 V7 - CRITERIA PART 1