

Part 2: Evidence and References

(Policy Part 1) Hernia Surgery for Adults (Inguinal, Femoral, and Abdominal Hernias and Divarication Recti) Surgical Threshold Policy

Rational and Evidence

Patients with symptoms of incarceration, strangulation or obstruction: These patients need to be referred urgently.

Femoral hernia: Has a high risk of morbidity and mortality and surgery is recommended, even in the absence of symptoms¹.

Inguinal hernia: Inguinal hernias have a low risk of strangulation² and account for 95% of all groin hernias³. Men with asymptomatic or mildly symptomatic inguinal hernias should not be referred for surgery as it is safe to use a watchful wait approach⁴⁻⁶. Inguinal hernias in women have a higher risk of strangulation¹ and so women with either a femoral or inguinal hernia should be referred urgently.

Abdominal hernias (including incisional and umbilical): Incidence of incisional hernias is higher in overweight (BMI 25-30 kg/m²) or obese (BMI 30-40 kg/m²)⁷ persons compared to lean⁷. When surgery is conducted on incisional or umbilical hernias, rates of recurrence are around 5-25%⁹⁻¹¹ and increased BMI is associated with even higher rates of recurrence and with post-surgical morbidity¹⁴⁻¹⁷.

Divarication of recti: Does not carry the risks that are associated with actual hernias and repairs are primarily cosmetic¹⁵. Surgery should, therefore, be avoided unless extreme symptoms present.

Groin pain with clinical suspicion of hernia (obscure pain or swelling): A quarter¹⁹ to a third²⁰ of patients presenting with groin pain were found to have an occult hernia. Diagnostic procedures may identify the majority of occult hernias, but the specificity of some tests may be low (ultrasound -77%, CT - 65%)²¹ and incorrectly identify patients as having a hernia. Where symptoms do not indicate incarceration, strangulation or obstruction of a potential hernia, the costs of diagnostic procedures and any surgical interventions, and the risks associated with misdiagnosis and surgical morbidity, do not justify investigation with imaging tests and patients should be offered watchful waiting.

Day surgery: European guidelines for the management of inguinal hernia recommend that: 'An operation in day surgery should be considered for every patient'²¹. This may be possible for many cases of non-emergency hernia surgery.

Recurrent and bilateral hernias: NICE guidance recommends that "Laparoscopic surgery for inguinal hernia repair should only be performed by appropriately trained surgeons who regularly carry out the procedure"²².

Estimated Number of People Affected

The lifetime risk of groin hernia is 27% in men and 3% in women and the frequency of surgical correction is estimated at 10 per 100,000 of the population in the UK¹. Femoral hernias are more common in women (4:1)³ and inguinal hernias are more common in men (10:1)¹.

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