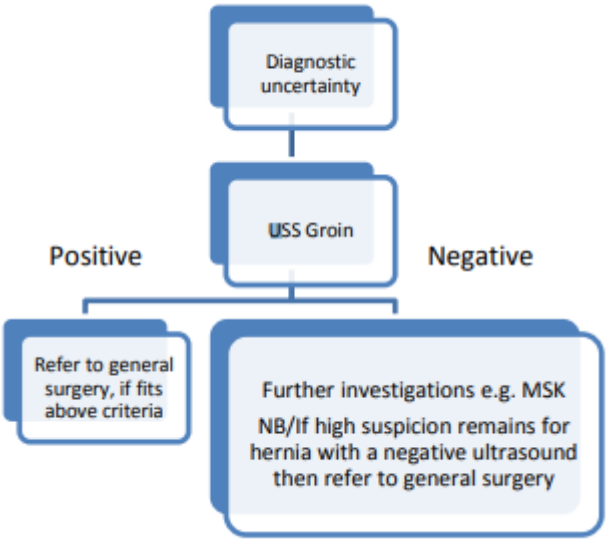
NHS
North Yorkshire
Clinical Commissioning Group

Commissioning Statement:

Condition or Treatment:	Hernia Repair
Background:	A hernia is the protrusion of tissue or part of an organ through the cavity in which it is contained. There are different forms of abdominal hernia including inguinal, femoral, umbilical, para-umbilical, epigastric and incisional hernias. Groin hernia repair is one of the most common surgical procedures in England and Wales, with 71,000 carried out in 2014-151 with 98% of inguinal hernias occurring in men (1) The national Evidence Based Interventions (List 2) (4) recommends that "*watchful waiting is a safe option for people with minimally symptomatic inguinal hernias. Delaying and not doing surgical repair unless symptoms increase is acceptable because acute hernia incarcerations occur rarely. Many people with an inguinal hernia are asymptomatic or minimally symptomatic and may never need surgery*."
Commissioning position:	Referral for a surgical opinion should only be made if there are any of the following circumstances: 1. Umbilical, Para-umbilical & Epigastric (Please note; Congenital Umbilical hernia not included in this policy, generally most resolve spontaneously) Symptomatic – Patient complaining of pain and / or atrophic skin changes Asymptomatic but increasing in size 2. Incisional Hernia Symptomatic Asymptomatic but increasing in size 3. Female groin hernia – refer all due to the increased likelihood of a femoral hernia in this group. NB/ Patients with a high BMI are at higher risk of developing a femoral hernia. 4. Male femoral hernia – refer all due to the increased risk of incarceration or strangulation of femoral hernias. NB/ Patients with a high BMI are at higher risk of developing a femoral hernia. 5. Male Inguinal hernias that meet one of the following criteria: • Visible hernia on clinical examination (asymmetry on visual clinical examination whilst patient standing / coughing) AND

	symptomatic (pain, affecting activities of daily living or work) • Large inguinal / inguinal scrotal hernia – refer for opinion even if asymptomatic • The hernia increases in size month on month • Men with inguinal hernia that is asymptomatic or minimally symptomatic (minimal pain, minimal effect on activities of daily living or work) should be cared for with a watchful waiting approach, providing reassurance and informed consent. • If no hernia is seen on clinical examination but there is persistent groin pain and diagnostic uncertainty, then options may include referral to Musculoskeletal services and/or ultrasound of groin if locally available before referral to surgical specialty for diagnostic uncertainty. 
Effective From:	1st July 2021
Summary of evidence/ rationale:	Inguinal hernia repair is one of the most common surgical procedures, and how effectively this is done in a healthcare system has a substantial social and economic impact. In 2016, The 'Hernia Surge' Group developed recommendations regarding groin hernia management including diagnosis, referral and surgical Diagnostic uncertainty USS Groin Refer to general surgery, if fits above criteria Further investigations e.g. MSK NB/If high suspicion remains for hernia with a negative ultrasound then refer to general surgery Positive Negative management (2). The suggestion from this document is that surgery is recommended in men with symptomatic inguinal hernia and watchful waiting is recommended in men with

	asymptomatic or minimally symptomatic inguinal hernia as the risk of incarceration or strangulation in this group is low. The authors suggest that all women with a groin hernia should be referred for assessment and repair on an urgent basis. These guidelines agree with those developed by NHS England in 2013 (3)
Date:	March 2021
Review Date:	July 2023
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Additional Information/References:

1. References 1. NICE, 2004, Laparoscopic surgery for inguinal hernia repair, website accessed Feb 2017: https://www.nice.org.uk/guidance/ta83
2. The HerniaSurge Group, 2016, World Guidelines for Groin Hernia Management, HerniaSurgeGuidelinesPART1TREATMENT.pdf (europeanherniasociety.eu)
3. NHS England, 2013, Interim Clinical Commissioning Policy: Abdominal Wall Hernia Management and Repair in Adults
4. National NHSEI Evidence Based Interventions programme: https://www.aomrc.org.uk/evidence-based-interventions/