NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Abdominal Wall Hernia Repair for Patients 16 years and over

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Abdominal wall hernia repair- Criteria Based Access

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

1. History of an episode of incarceration of the hernia or an inability to reduce the hernia *as evidenced in the patient's primary care records.*

OR

2. A high risk of strangulation.

All hernias have a risk of strangulation, however in order to meet the criteria the patient needs to have had a significant episode such as an increase in pain for which they have attended primary care or A&E and there is documented evidence in the patients primary care record.

OR

4. a) A progressive increase in size of hernia *as evidenced in the patient's primary care records.*

AND

4. b) Appropriate conservative management has been tried first as outcomes of surgery are significantly better in non-smokers and in patients with lower BMI – *both should be evidenced in the patient's primary care records*.

OR

5. Inguinal-scrotal hernia in a male patient.

OR

6. Femoral hernias.

OR

7. Visible or palpable groin hernias (*Including Inguinal and Femoral*) in a Female
Note: Significant spigelian hernias can be referred

Synthetic Mesh/Divariation of Recti – CRITERIA BASED ACCESS

The ICB commissions the use of synthetic mesh for all Hernia repairs.

The ICB commissions the use of biological mesh only where there is a contaminated or infected field and mesh is required to achieve closure that would otherwise not be possible (Ventral Hernia Working Group Grade 3 or 4). Biological mesh should only be used by specialists regularly working in complex hernia repair with biological mesh.

Divarication of Recti: Only commissioned for extremely large, long-standing divarication which are causing herniation of abdominal contents and have failed conservative management or in conjunction with a routine midline hernia repair

Policy - Criteria to Access Treatment – Exceptional Funding Request

The CCG will not routinely commission the following:

1. Small, asymptomatic hernias, minimally symptomatic hernias or large, wide necked hernias unless there is demonstrable clinical evidence that it is causing significant symptoms.
2. Groin pain, including 'athletic pubalgia', sometimes known as 'sports hernia'.
3. Impalpable hernias/abdominal wall weakness.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Hernia Repair can:

- Prevent problems with strangulation and obstruction.
- Relieve pain, swelling or feeling of heaviness, tugging, or burning in the area of the hernia.

Risks

As with any operation, there is a risk of complications from the surgery and with the anaesthetic although this risk is very small. Possible problems from this surgery include (3):

- Pain / Swelling.
- Bleeding.
- Infection.
- Delayed Healing.
- Scarring.
- Complex Regional Pain Syndrome.
- Recurrence about 1 in a 200 risk
- Numb Skin around incision
- Testicular atrophy
- Haematoma.
- Seroma.

Alternatives

- Continue to treat conditions conservatively, if appropriate.

Do Nothing

- The patient's symptoms may remain as it is, or could improve with time, it may also get worse.
- Remember, you always have the option to do nothing. Sometimes "not yet" is a good enough answer until you gather more information.

Shared Decision Making

If a person is eligible for a hernia repair it is important that the person is supported by the clinician to decide whether or not they want to have a hernia repair. Shared decision making is a process where people and clinicians work together to make decisions and decide what to do based on:

- what matters to the person, their preferences and their values.
- the benefits and risks of a course of action/intervention (see sections above).
- the alternatives to a course of action/intervention (see sections above).

It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Hernia Repair– Plain Language Summary

A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.

In many cases, hernias cause no or very few symptoms, although a person may notice a swelling or lump in their abdomen (tummy) or groin.

The lump can often be pushed back in or will disappear once a person lies down. Coughing or straining may make the lump appear. (1)

There is increasing evidence that not all asymptomatic or minimally symptomatic hernias will progress to complication or a state that will require surgical intervention, and many clinicians now agree that watchful waiting is a treatment option. In a few cases the risk of surgery may outweigh the benefit.

Incarceration

An incarcerated hernia is one that is trapped within the abdominal wall and cannot be reduced.

Strangulation

A strangulated hernia is usually where a loop of bowel is caught in the hernia and is losing blood supply and may die if not repaired as an emergency.

Types of Hernia

Hernias can occur throughout the body, but they most often develop in the area of the body between chest and hips.

Inguinal Hernias

Inguinal hernias occur when fatty tissue or a part of your bowel pokes through into the groin at the top of the inner thigh. This is the most common type of hernia and it mainly affects men. It is often associated with ageing and repeated strain on the abdomen. (1)

These are mentioned when they occur in females specifically due to the increase risk of incarceration or torsion of the reproductive organs– *see criterion 7.*

Inguinal-scrotal Hernias

Inguinal-scrotal Hernias are hernias which have passed into the scrotum. These types of hernias have a high level of impact.

These are mentioned specifically in our policy – *see criterion 5.*

Femoral Hernias

Femoral hernias also occur when fatty tissue or a part of the bowel pokes through into the groin at the top of the inner thigh. They are much less common than inguinal hernias and tend to affect more women than men. Like inguinal hernias, femoral hernias are also associated with ageing and repeated strain on the abdomen. (1)

These are mentioned specifically in our policy – *see criterion 6.*

Umbilical Hernias

Umbilical hernias occur when fatty tissue or a part of the bowel pokes through the abdomen near the belly button (navel).

This type of hernia can occur in babies if the opening in the abdomen through which the umbilical cord passes doesn't seal properly after birth. Adults can also be affected, possibly as a result of repeated strain on the abdomen. Symptoms may worsen when lifting and straining.

These hernias should be managed in Primary Care in the first instance, where appropriate. (1)

Paraumbilical Hernias

Paraumbilical hernias occur when fatty tissue or a part of the bowel pokes through the abdomen near the belly button (navel). These are more common in women and can become very large. These hernias should be managed in Primary Care in the first instance, where appropriate.

Other Types of Hernia

Other types of hernia that can affect the abdomen include:

- **Incisional Hernias** – these occur when tissue pokes through a surgical wound in the abdomen that has not fully healed. (1)
- **Epigastric Hernias** – these occur when fatty tissue pokes through the abdomen, between the navel and the lower part of the breastbone (sternum). (1)
- **Spigelian Hernias** – these occur when part of your bowel pokes through your abdomen at the side of your abdominal muscle, below your navel. (1)
- **Diaphragmatic Hernias** – these occur when organs in your abdomen move into your chest through an opening in the diaphragm. This can affect babies if their diaphragm does not develop properly in the womb, but can also affect adults. (1)
- **Muscle Hernias** – these occur when part of a muscle pokes through your abdomen. They can also occur in leg muscles as the result of a sports injury. (1)

Hiatus Hernia- is not restricted by this policy.

This policy has been developed with the aid of the following references:

1. NHS UK. (2019, June). *Conditions Hernia*
2. Royal College of Surgeons. (2016, November). *Commissioning Guide: Groin Hernia*
3. British Hernia Society. (2019). *what are the Risks of Surgery?*

Connected Policies

Benign Skin Lesion Policy - This policy relates to all treatments proposed in secondary care including all forms of surgical excision, laser treatment and cryotherapy.

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the CCGs are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
H482,H488,H489,H491,H492,H493,H498,H499,H558,H559,H568,H569

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.

NHS

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