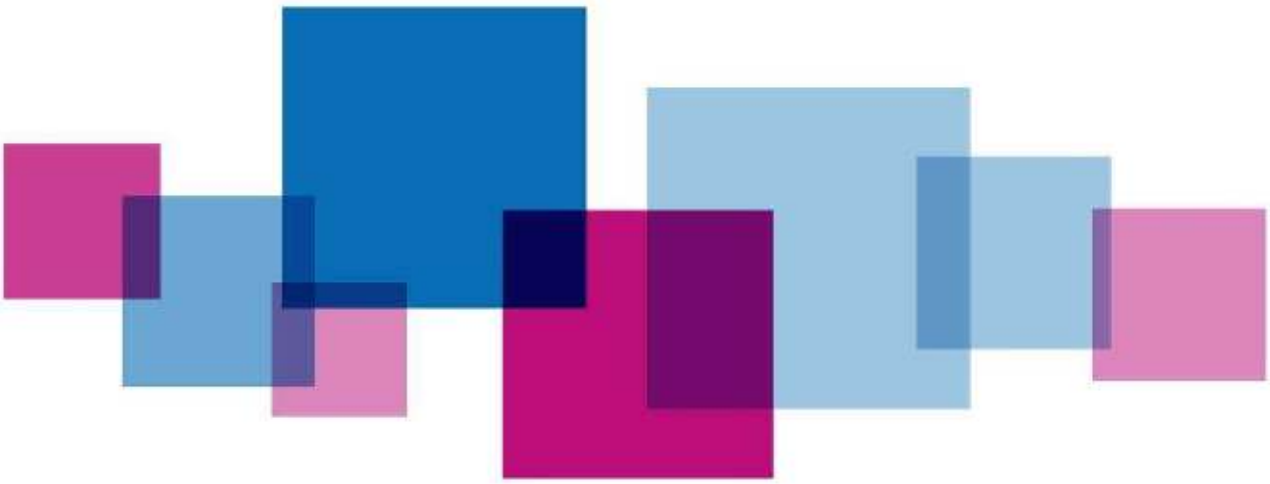
NHS
Bristol, North Somerset
and South Gloucestershire
Integrated Care Board

Commissioning Policy

Hernia Repair in Adults

Criteria Based Access



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Version Control

Version	Date	Reviewer	Comment
1718.3.0	13/07/2017	IFR Manager	Shared with CPRG papers.
1718.3.01	27/09/2017	IFR Manager	Amended in line with comments received at CPRG.
1718.3.02	26/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.02.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14th February 2019 by Commissioning Executive.

THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW

THIS POLICY RELATES TO ALL PATIENTS

Hernia Repair in Adults Policy

General Principles

Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015).
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)
7. Female patients with suspected groin hernias *(including Inguinal and Femoral hernias*) are approved for referral to secondary care without the need for additional funding, due to the

increased risk of incarceration /strangulation.

8. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background / Purpose and Scope

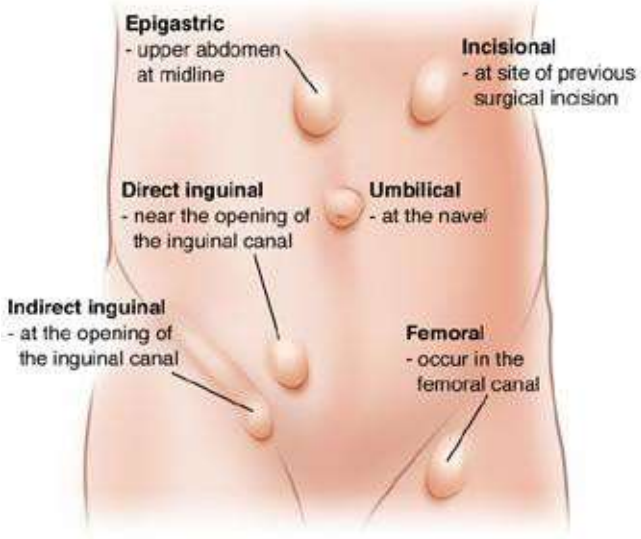
A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall.

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.

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.

These are mentioned specifically in our policy – *see criterion 7.*

Inguinal-scrotal Hernias are hernias which have passed into the scrotum. These types of hernias have a higher risk of strangulation.

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.

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.

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.

Hiatus Hernias (not included in this Policy)

Hiatus hernias occur when part of the stomach pushes up into the chest by squeezing through an opening in the diaphragm (the thin sheet of muscle that separates the chest from the abdomen). This type of hernia may not have any noticeable symptoms, although it can cause

heartburn in some people.

It is not exactly clear what causes hiatus hernias, but it may be the result of the diaphragm becoming weak with age or pressure on the abdomen.

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.
- **Epigastric Hernias** – these occur when fatty tissue pokes through the abdomen, between the navel and the lower part of the breastbone (sternum).
- **Spigelian Hernias** – these occur when part of your bowel pokes through your abdomen at the side of your abdominal muscle, below your navel.
- **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.
- **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.

Risks

Inguinal hernias can be repaired using surgery to push the bulge back into place and strengthen the weakness in the abdominal wall.

The operation will only usually be recommended if you have a hernia that causes severe or persistent symptoms, or if any serious complications develop.

Complications that can develop as a result of an inguinal hernia include:

- obstruction – where a section of the bowel becomes stuck in the inguinal canal, causing nausea, vomiting and stomach pain, as well as a painful lump in the groin
- strangulation – where a section of bowel becomes trapped and its blood supply is cut off; this requires emergency surgery within hours to release the trapped tissue and restore its blood supply so it does not die

(NHS Choices, 2014)

An “asymptomatic inguinal hernia” has been defined as an inguinal hernia without pain or discomfort for the patient, and a “minimally symptomatic hernia” as an inguinal hernia with complaints that do not interfere with normal daily activities.

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.

POLICY CRITERIA – COMMISSIONED

CRITERIA BASED ACCESS

NOTE: **All suspected Femoral & Inguinal hernias in female patients, and all suspected Femoral & Inguinal-scrotal hernias in male patients should be referred to Secondary Care due to the increased risk of incarceration/strangulation.**

Referral to Secondary Care and subsequent treatment may be provided where patients meet the criteria below:

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

OR

2. Difficulty in reducing the hernia

OR

3. A risk of strangulation

OR

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

AND

4. b) Appropriate conservative management has been tried first, e.g. weight reduction where appropriate.

The following types of hernia should be referred to Secondary Care due to the increased risk of incarceration / strangulation <u>without</u> the need to secure funding authorisation from the ICB:

5. Inguinal-scrotal hernia in a male patient

OR

6. Femoral hernias

OR

7. Groin hernias (*Including Inguinal and Femoral*) in a Female patient

NB: This policy does not include Hiatus Hernias.

Policy - Criteria to Access Treatment – CRITERIA BASED ACCESS

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

Policy - Criteria to Access Treatment – Individual Funding Request

The ICB will not routinely commission the following:

- The use of a **Biologic Mesh**
- Small, asymptomatic hernias
- Minimally symptomatic hernias
- Large, wide necked hernias unless there is demonstrable clinical evidence that it is causing significant symptoms
- Groin pain, including 'athletic pubalgia', sometimes known as 'sports hernia'
- Impalpable hernias/abdominal wall weakness

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 Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

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 .

Connected Policies

N/A

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

Ash. (2016). *Ash.org.uk.* Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings

http://www.oxfordshireccg.nhs.uk/professional-resources/documents/commissioning-statements/68b-Elective-Surgical-Hernia-Repair-in-Adults.pdf. (n.d.). Retrieved 8 7, 2017, from http://www.oxfordshireccg.nhs.uk/: http://www.oxfordshireccg.nhs.uk/professional-resources/documents/commissioning-statements/68b-Elective-Surgical-Hernia-Repair-in- Adults.pdf

NHS Choices. (2014, July 8th). *Hernia* . Retrieved from NHS Choices: http://www.nhs.uk/conditions/hernia/pages/introduction.aspx

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases,* , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes – For completion at a later date

T19	Simple excision of inguinal hernia sac (herniotomy)
T20	Primary repair of inguinal hernia.
T21	Repair of recurrent inguinal hernia
T22	Primary repair of femoral hernia.
T23	Repair of recurrent femoral hernia.
T24	Primary repair of umbilical hernia.
T25	Primary repair of incisional hernia.
T26	Repair of recurrent incisional hernia
T27	Repair of other hernia of abdominal wall.
T28	Other repair of anterior abdominal wall.
T97	Repair of recurrent umbilical hernia.
T98	Repair of recurrent other hernia of abdominal wall