Derby and Derbyshire
Clinical Commissioning Group

CLINICAL POLICY ADVISORY GROUP (CPAG)

Repair of minimally symptomatic Inguinal Hernia Policy

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed the surgical treatment for asymptomatic or minimally symptomatic* inguinal hernias (IH) should not be routinely commissioned. This type of IH should be managed through watchful waiting.

***** 'Minimally symptomatic' is defined by clinical assessment and discussion with the patient.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

An inguinal hernia (IH) is a protrusion of peritoneum, usually consisting of intestine or intra-abdominal fat. The protrusion occurs as a result of weakness within the lower abdominal/groin area wall of muscle. IH presents as a lump, which can be asymptomatic for around one third of patients. Some patients can experience discomfort, which can restrict daily activities including the ability to work. IH can occasionally be life threatening if the protruding bowel becomes obstructed and strangulated.

Around 98% of all IH occur in men because of the vulnerability of the male anatomy to the formation of hernias within this region. IH risk factors include inherited genetic predisposition, increasing age, smoking, increased pressure within the abdomen – long term cough and sustained heavy lifting.

2. Recommendation

Recommendation for Asymptomatic or Minimally Symptomatic* IH

The surgical treatment for asymptomatic or minimally symptomatic* IH is not routinely commissioned. These types of hernias should be managed through watchful waiting at GP level.

***** *'Minimally symptomatic' is defined by clinical assessment and discussion with the patient.*

Recommendations for Referrals

- Overt or suspected symptomatic IH
- Irreducible and partially reducible IH requires **urgent referral**
- Suspected strangulated or obstructed IH requires **emergency referral**
- All children under 18 years with IH should be referred to a paediatric surgical provider.

NB Diagnostic imaging should not be requested at primary care level.

Exception to the Policy – Femoral Hernias

Femoral hernia (FH) is an exception to this policy.

FH is a type of groin hernia that is often confused with IH due to the close proximity of the two types of hernias. FH occurs when the bowel protrudes into the femoral canal. FH are associated with a higher risk of strangulation due to the femoral canal being narrow and rigid. FH requires referral as treatment is almost always recommended and FH is associated with a higher risk of complications. Delays in treatment can result in worse prognosis.

Therefore all FH require referral and symptomatic FH require **urgent referral**.

3. Rationale for Recommendation

Watchful waiting is the most appropriate form of management for asymptomatic/minimally symptomatic IH as this type of hernia is not considered as being a serious condition requiring surgical treatment. Often hernias will gradually increase in size and become increasingly symptomatic and can reach a stage where the hernia will not resolve without surgical repair.

4. Useful Resources

- For Patients, British Hernia Society, accessed September 2019, https://www.britishherniasociety.org/for-patients/

5. References

- Commissioning guide: Groin Hernia (Nov 2016), Royal College of Surgeons and British Hernia Society

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- Hwang MJ, Bhangu A, Webster CE, Bowley DM, MX Gannon MX, Karandikar SS Unintended consequences of policy change to watchful waiting for asymptomatic inguinal hernias *Ann R Coll Surg Engl* **2014**; 96:343–347

- Van den Heuvel B, Dwars BJ, Klassen DR, Bonjer HJ. Is surgical repair of an asymptomatic groin hernia appropriate? A review. *Hernia* **2011**15:251–259

- NICE Laparoscopic surgery for inguinal hernia repair [TA82], September 2004, https://www.nice.org.uk/guidance/ta83/resources/laparoscopic-surgery-for-inguinal-hernia-repair-pdf-2294817305029

- Vacca, Vincent M. Jr. MSN, RN, CCRN, SCRN, ENLS, Inguinal Hernia – A battle of the bulge, Nursing2019: August 2017 - Volume 47 - Issue 8 - p 28–35, doi: 10.1097/01.NURSE.0000521020.84767.54, https://journals.lww.com/nursing/fulltext/2017/08000/Inguinal_hernia__A_battle_of_the_bulge.8.aspx

- Inguinal hernia in adults, BMJ Best Practice, December 2018, https://bestpractice.bmj.com/topics/en-us/723/pdf/723.pdf

- Prospective study, Nilsson, H., et al. Mortality after groin hernia surgery. Ann Surg. 2007; 245(4): 656-60. DOI: 10.1097/01.sla.0000251364.32698.4b.

- The British Hernia Centre, https://www.hernia.org/types/femoral-hernia/, accessed 11/10/2019

- Evidence-Based Interventions List II Guidance, Academy of Medical Royal Colleges Reviewed Nov 2020, accessed May 2021, https://www.aomrc.org.uk/wp-content/uploads/2020/12/EBI_list2_guidance_150321.pdf

6. Appendices

Appendix 1- Consultation

Consultee	**Date**
Consultant General Surgeon (CRHFT)	04/10/19
Consultant laparoscopic General, Upper GI and Bariatric Surgeon (UHDB)	04/10/19
General and Colorectal Surgeon, Divisional Director Surgical Services (CRHFT)	08/10/19
Clinical Policy Advisory Group	17/10/19
Clinical and Lay Commissioning Committee	14/11/19
General & Colorectal Surgeon, CRHT	May 2021
Clinical Policy Advisory Group	June 2021
Clinical Lay Commissioning Committee	July 2021

Appendix 2- Document Update

Document Update	Date Updated
Version 2 - Changes to policy. Deletion of need for individuals with a raised BMI to be given weight management advice.	Nov 2014
Version 3 - Updated to reflect RCS commissioning guidance from 2016 – removal of asymptomatic hernias	Dec 2016
Version 3.1 - Add under Primary Care Referral guidelines Restrictions sections and references	July 2017
Version 3.1 - Added definition for 'minimally symptomatic'.	Nov 2017
Version 4 – Policy reviewed and updated. Main changes include: Removal of IH management specific to men and women; addition of 'Exception to the Policy – Femoral Hernias' section, clarifying that all femoral hernias require referral and all symptomatic femoral hernias require urgent referral; removal of Primary Care Hernia Flow diagram; addition of 'Background Information' and 'Rationale for Recommendation'; Policy re-worded/re-formatted to reflect the new organization; addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq. ' as requested by contracting.	October 2019
Version 4.1 – removal of Prior Approval	December 2019
Version 4.2 – policy updated following review of EBI2 Interventions Guidance. Re-named in alignment with EBI2 to accurately reflect criteria and intervention.	June 2021