Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Repair of Minimally Symptomatic Inguinal Hernia Policy

Statement

Derby and Derbyshire ICB, in line with its principles for evidence-based interventions, has deemed that surgical treatment for the repair of minimally symptomatic inguinal hernia (IH) should not routinely be commissioned.

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 (Primary or Recurrent) IH
- Irreducible and partially reducible IH require **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.**

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

1. Background

An inguinal hernia (IH) is a protrusion in the 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
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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.

Repair of minimally symptomatic inguinal hernia is a high cost and high frequency operation. A randomised control trial determined that watchful waiting was a safe and reasonable option for minimally symptomatic hernias. Up to one third of hernias give patients only mild pain that

does not interfere with work or leisure activities.

4. Personalised Care

Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.
Shared decision-making means people are supported to:

- understand the care, treatment and support options available and the risks, benefits and consequences of those options.
- decide on a preferred course of action, based on evidence, good quality information and their personal preferences.

Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.
Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. Useful Resources

- NHS Website, Inguinal Hernia Repair, last reviewed 28/02/2025, https://www.nhs.uk/conditions/inguinal-hernia-repair/ Repair of minimally symptomatic inguinal hernia - EBI
- British Hernia Society. Inguinal Hernia https://www.hernia.org/types/inguinal/
- Academy of Medical Royal Colleges. Information for Patients. Reviewed September 2024,
- Decision support tool: making a decision about inguinal hernia, NHS England, updated March 2025, NHS England » Decision support tool: making a decision about inguinal hernia
- Personalised Care, NHS England, NHS England » Personalised care

6. References

- Repair of minimally symptomatic inguinal hernia, Evidence Base Interventions, Academy of Medical Royal Colleges, reviewed September 2024, accessed 22/05/25, Repair of minimally symptomatic inguinal hernia - EBI
- Royal College of Surgeons Commissioning Guide: Groin Hernia, published 2016. Accessed 22/05/25, https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/commissioning/groin-hernia-commissioning-guide_published-2016.pdf
- NICE Laparoscopic Surgery for Inguinal Hernia Repair [TA82], published September 2004, Accessed 22/05/25, https://www.nice.org.uk/guidance/ta83
- Malik HT, Marti J, Darzi A, Mossialos E. Savings from reducing low-value general surgical interventions. Br J Surg. 2018 Jan;105(1):13-25. doi:10.1002/bjs.10719. Epub 2017 Nov 8. Review. PubMed PMID: 29114846.
- Fitzgibbons RJ Jr, Giobbie-Hurder A, Gibbs JO, Dunlop DD, Reda DJ, McCarthy M Jr et al. Watchful waiting vs repair of inguinal hernia in minimally symptomatic men: a randomized clinical trial. JAMA 2006; 295: 285 – 292.

- O'Dwyer PJ, Norrie J, Alani A, Walker A, Duffy F, Horgan P. Observation or operation for patients with an asymptomatic inguinal hernia: a randomized clinical trial. Ann Surg 2006; 244: 167 – 173.
- Fitzgibbons RJ Jr, Ramanan B, Arya S, Turner SA, Li X, Gibbs JO et al. Long-term results of a randomized controlled trial of a nonoperative strategy (watchful waiting) for men with minimally symptomatic inguinal hernias. Ann Surg 2013; 258: 508 – 515
- Personalised Care, NHS England, NHS England » Personalised care, accessed 15/05/25

7. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Medical Director, Colorectal and General Surgeon (CRHFT)	January 2025
Consultant General, Pancreatico-biliary, Bariatric and Laparoscopic Surgeon (UHDBFT)	January 2025
Clinical Policy Advisory Group (CPAG)	June 2025

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 6.0 • Replacement of 'procedures of limited clinical value' wording with 'evidence based interventions' • Section 4. renamed as 'Personalised Care' and encompasses additional information on supported self-management and personalised.	June 2025