Hernias (Surgical repair of)

Commissioning Statement

Version 2.3 (3 April 2025)

(Currently under review)

Criteria

1. **Inguinal hernia in men:** (for women and children please see 'Commissioning Statement Exclusions' below)

For asymptomatic or minimally symptomatic hernias not covered by the exclusion section below, a watchful waiting approach should be taken. This should include reassurance and the provision of information on the signs and symptoms requiring treatment.

Watchful waiting should also be used for patients with minimally symptomatic inguinal hernias who have significant comorbidity, American Society of Anaesthesiologists Classification 4 (also referred to as ASA 4) AND do not want to have surgical repair (after appropriate information has been provided). Similarly, ASA 1-3 patients who do not want surgical repair after appropriate information has been provided, do not require referral. If an alternative severity classification is used, the reference, as well as the classification, should be clearly stated in the patient record. Please see: ASA Physical Status Classification System | American Society of Anaesthesiologists (ASA) (asahq.org)

2. Suspected primary or recurrent inguinal hernias can be referred for surgical assessment if any of the following apply:

- Symptomatic, i.e., symptoms are such that they cause significant functional impairment

  or

- the hernia is difficult or impossible to reduce (i.e., history of incarceration or real difficulty reducing the hernia confirmed by ultrasound)

  or

- it is an inguino-scrotal hernia

  or

- the hernia increases in size month on month

  or

- The patient has developed symptoms during a period of watchful waiting and now wishes surgical repair

3. For the following hernia types the risk of strangulation and or other complications is low so they should be managed as follows:

Umbilical hernia: Surgical treatment will only be commissioned when one or more of the following apply:

- pain/discomfort that causes significant functional impairment

  or

- increase in size month on month

  or

- a small hernial opening at high risk of incarceration or strangulation of bowel.

- Incisional hernia: Surgical treatment will only be commissioned when both of the following criteria are met:

- pain/discomfort that causes significant functional impairment

  and

- appropriate conservative management has been tried first. For example, weight reduction where appropriate

4. Other asymptomatic or minimally symptomatic hernias (including divarification recti) unless specifically mentioned above should be managed as follows:

The following should not be referred for a surgical opinion unless deemed exceptional following an Individual Funding Request:

- Small, asymptomatic hernias
- Minimally symptomatic hernias
- Large, wide necked hernias unless there is demonstrable evidence it is causing significant symptoms
- Groin pain, including ‘athletic pubalgia’ sometimes known as ‘sports hernia’ or ‘Gilmore’s groin’
- Impalpable hernias / abdominal wall weakness

Exclusions

The following are excluded from this commissioning statement:-

1. All hernias where incarceration is suspected (the hernia cannot be reduced) or where there are symptoms of strangulation (the hernia is incarcerated and the blood supply is compromised) should be referred as emergencies.

2. All suspected femoral hernias (men and women) should be referred urgently for surgical assessment due to the increased risk of incarceration/strangulation.

3. In women, all suspected groin hernias should be referred urgently for assessment in line with the NHS England Evidence Based Interventions (also referred to as NHSE EBI) List 2, 2B guidance which can be found on: Academy of Medical Royal Colleges - NHSE EBI -2B Repair of minimally symptomatic inguinal hernia

4. All children under the age of 18 (i.e., before their 18th birthday) should be referred to the relevant paediatric / adolescent specialist provider.

Notes for clinicians:

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

2. Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy.