NHS
Somerset
Clinical Commissioning Group

HERNIA (ADULTS)
CRITERIA BASED ACCESS POLICY

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Application Form	Generic IFR application form

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VERSION CONTROL

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HERNIA (ADULTS)

HERNIA (ADULTS) IS SUBJECT TO THIS RESTRICTED 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 CCG's Individual Funding Request (IFR) Panel by submission of an IFR application.

1. Clinicians should assess their patients against the criteria within this policy prior to 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.

3. On limited occasions, the CCG may approve funding for an assessment 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. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)

5. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

Background

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 you may notice a swelling or lump in your tummy (abdomen) or groin. The lump can often be pushed back in, or will disappear when you lie 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 your body between your chest and hips. Some of the more common types of hernia are described below.

Inguinal hernias

Inguinal hernias occur when fatty tissue or a part of your bowel pokes through into your groin at the top of your 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.

Femoral hernias

A femoral hernia is an uncommon type of hernia. Femoral hernias also occur when fatty tissue or a part of your bowel pokes through into your groin at the top of your 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.

Umbilical hernias

Umbilical hernias occur when fatty tissue or a part of your bowel pokes through your abdomen near your 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.

Hiatus hernia

Hiatus hernia occur when part of the stomach pushes up into your 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's 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 your abdomen that has not fully healed.
- **Epigastric hernias** – these occur when fatty tissue pokes through your abdomen, between your navel and the lower part of your 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.

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 TO ACCESS TREATMENT - CBA

1. **Hernias in Female Patients:**
All suspected groin hernias in female patients do not require funding authorisation from the CCG for referral to secondary care due to the increased risk of incarceration/ strangulation

2. **Femoral Hernia:**
All suspected femoral hernias do not require funding authorisation from the CCG for referral to secondary care due to the increased risk of incarceration/strangulation

3. **The Commissioner will not fund surgery for the following**:
   a) Small, Asymptomatic hernias
   b) Minimally symptomatic hernias
   c) Large, Wide necked hernias unless there is demonstrable evidence it is causing significant symptoms
   d) Groin pain, including 'athletic pubalgia' sometimes known as 'sports hernia' or 'Gilmore's groin'
   e) Impalpable hernias/abdominal wall weakness
   f) any additional costs from the Complex Hernia Procedures PBR Tariff FZ87 – where use of a biological mesh is the sole reason for using this HRG code

4. **Initial management of patients with hernias:**
   Patients with BMI >35: the decision to refer requires particular care, as the benefits of intervention may well be outweighed by risks of surgical intervention, including poorer healing and higher complication rates. If in doubt, the clinician may refer the patient, but should advise them that surgery may not be an appropriate option for them. Referral to local weight management programmes should be offered.

   Patients who smoke should be warned of clinical advice that hernia recurrence rates are 3 times higher in smokers than non-smokers. All patients who smoke should be encouraged to stop and offered information on local cessation support services.

REFERRAL TO SECONDARY CARE AND SUBSEQUENT TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW:
An annual audit may be requested to confirm that patients have been treated in accordance with these criteria

1. Inguinal:
For asymptomatic or minimally symptomatic hernias, the commissioner advocates a watchful waiting approach including providing reassurance, pain management etc. under informed consent.

A referral secondary care only when one of the following criteria is met:

i. symptomatic i.e. symptoms are such that they cause significant functional impairment **OR**
ii. the hernia is difficult or impossible to reduce**, [i.e. history of incarceration or real difficulty reducing the hernia confirmed by ultrasound] OR**
iii. inguino-scrotal hernia, **OR**
iv. the hernia increases in size month on month

Laparoscopic surgery: (NICE TA83 https://www.nice.org.uk/guidance/ta83)

i. is recommended as one of the treatment options for the repair of inguinal hernia
ii. to enable patients to choose between open and laparoscopic surgery (either by the transabdominal preperitoneal [TAPP] or by the totally extraperitoneal [TEP] procedure), they should be fully informed of all of the risks (for example, immediate serious complications, postoperative pain/numbness and long-term recurrence rates) and benefits associated with each of the three procedures. In particular, the following points should be considered in discussions between the patient and the surgeon:
    a. individual's suitability for general anaesthesia
    c. nature of the presenting hernia (that is, primary repair, recurrent hernia or bilateral hernia)
    d. suitability of the particular hernia for a laparoscopic or an open approach
    e. experience of the surgeon in the three techniques
iii. laparoscopic surgery for inguinal hernia repair by TAPP or TEP should only be performed by appropriately trained surgeons who regularly carry out the procedure
iv. pain/discomfort that causes significant functional impairment AND
v. appropriate conservative management has been tried first e.g. weight reduction where appropriate

2. Umbilical:
Surgical treatment will only be approved when one of the following criteria is met:

i. pain/discomfort that causes significant functional impairment **OR**
ii. increase in size month on month **OR**
iii. to avoid incarceration or strangulation of bowel

3. Incisional:
Surgical treatment will only be approved when **both** of the following criteria are met:

i. pain/discomfort that causes significant functional impairment **AND**
ii. appropriate conservative management has been tried first e.g. weight reduction where appropriate

4. Impalpable hernia and groin pain:

i. hernia surgery is not commissioned in patients with groin pain, but no visible external swelling
ii. patients presenting with groin pain who are found to have an impalpable hernia on ultrasound should not be referred for hernia repair
iii. management of persistent groin pain that has not resolved after a period of watchful waiting, should be based on individual clinical assessment. Where groin pain is severe and persistent with diagnostic uncertainty, options include referral for musculoskeletal assessment or imaging. Ultrasound should not be routinely requested in the early management of groin pain

6. The National Commissioning Guidance recommends:

a) A routine outpatient follow up is not required after inguinal hernia repair
b) A hernia repair should be a day case procedure (BPT target 90%)

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. Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

References

The following sources have been considered when drafting this policy:

1. NICE TA83 https://www.nice.org.uk/guidance/ta83
2. NHS Choices
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