

Policy title	Hernia repair in adults and Biological mesh for abdominal hernia repair v1.0
Policy position	Hernia repair: Criteria Based Access Biological mesh for abdominal hernia repair: Not Normally Funded
Date of CCG recommendation	2017, updated January 2021

A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. This policy covers the management of abdominal hernias including inguinal, femoral, umbilical, and incisional hernias, with criteria for referrals for specialist opinion/treatment.

Immediate referral for surgical opinion for patients with the following conditions is recommended:

- diagnosis of femoral hernia
- diagnosis of Spigelian hernia, following ultrasound confirmation,
- diagnosis of an inguino-scrotal hernia

For other abdominal/ventral hernias, including inguinal, umbilical, para-umbilical, epigastric and incisional, referral may be considered only if at least one of the following criteria are met:

- Documented history of incarceration of, or difficulty in reducing, the hernia
- Documented pain or discomfort significantly interfering with activities of daily living. Details of nature and extent of impact must be provided at referral
- Documented increase in size month on month
- Work-related issues (includes domestic duties and unpaid caring):
 - has become restricted to light duties because of hernia
 - off work/missed work/unable to work because of hernia

Bilateral groin hernia repair will be funded if one or both of the hernias fulfil the above criteria.

Repair of asymptomatic or minimally symptomatic inguinal hernia is **not normally funded**. Watchful waiting is a safe option for people with minimally symptomatic inguinal hernias. Many people with an inguinal hernia are asymptomatic or minimally symptomatic and may never need surgery⁷.

Patients have a right to be fully informed about surgical procedures, and as part of this process, clinicians should engage the patients (or their carers) in shared decision making about alternative management and the risks and benefits of surgery.

NOTE:

This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.

Clinical coding:

OPCS Procedure codes:

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

Key words: hernia, inguinal hernia, biological mesh, mesh