Policy statement:	**Hernia (surgical treatment)**
Status:	**Individual Prior Approval**

This policy does not include situations where emergency treatment is required e.g. strangulation is suspected-refer direct to secondary care

Femoral: All suspected femoral hernias should be referred to secondary care due to the increased risk of incarceration/strangulation

M&SECCGs commission surgical treatment of hernias on a restrictive basis for patients meeting the defined criteria below. This policy covers the management of inguinal, umbilical, ventral and incisional hernias, with criteria for referrals/treatment.

Inguinal:
For asymptomatic or minimally symptomatic hernias, a watchful waiting approach is advocated with informed consent.

Surgical treatment should only be offered when one of the following criteria is met:

- Symptomatic i.e. symptoms are such that they interfere with work or activities of daily living OR
- The hernia is difficult or impossible to reduce, OR
- Inguino-scrotal hernia, OR
- The hernia increases in size month on month OR
- The patient is currently asymptomatic but works in a heavy manual occupation (for e.g. in removal firms lifting heavy weights) and there is an increased risk of strangulation and future complications.

Umbilical:
Surgical treatment should only be offered when one of the following criteria is met:

- Pain/discomfort severely impacting on activity of daily living with a demonstrable significant detrimental impact on daily activities with functional limitation OR
- increase in size month on month OR
- to avoid incarceration or strangulation of bowel OR
- The patient is currently asymptomatic but works in a heavy manual occupation (for e.g. in removal firms lifting heavy weights) and there is an increased risk of strangulation and future complications

Incisional/Ventral:
Surgical treatment should only be offered when BOTH of the following criteria are met:

- Pain/discomfort severely impacting on activity of daily living with a demonstrable significant detrimental impact on daily activities with functional limitation.
  AND
- Appropriate conservative management has been tried first e.g. weight reduction where appropriate
  OR

- The patient is currently asymptomatic but works in a heavy manual occupation (for e.g. in removal firms lifting heavy weights) and there is a risk of strangulation and future complications.

Diastases/Divarication of recti is a separation between the left and right side of the rectus abdominis muscle, and causes a protrusion in the midline, but is not a " hernia and does not carry the risk of bowel becoming trapped within it and thus does not require repair.

Evidence suggests that divarication does not carry the same risks as that of actual herniation.

M&SECCGs consider repair of diastasis/divarication of recti to be a cosmetic procedure and a low clinical priority and as such do not fund.

Funding for patients not meeting the above criteria will only be granted in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.