

# Hernia

**BEFORE** providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

## Additional information

Please submit completed form to the following email address:

[bbccg.mseccg-funding@nhs.net](mailto:bbccg.mseccg-funding@nhs.net)

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

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

<p>Patients can only be referred for funding if they meet <b>ONE</b> of the sets of criteria below (<b>either</b> Inguinal/Umbilical/Incisional/Ventral).</p> <p>Please indicate which of the criteria the patient meets:</p>		<p>Please Tick ✓</p>
<p><b>Inguinal:</b> For asymptomatic or minimally symptomatic hernias, a watchful waiting approach is advocated with informed consent. Surgical treatment should only be offered when <b>ONE</b> of the criteria below is met:</p>		
	<ul style="list-style-type: none"> <li>Symptomatic i.e. symptoms are such that they interfere with work or activities of daily living (<b>please provide specific details in the evidence box below</b>)</li> </ul>	
<b>OR</b>	<ul style="list-style-type: none"> <li>The hernia is difficult or impossible to reduce</li> </ul>	
<b>OR</b>	<ul style="list-style-type: none"> <li>Inguino-scrotal hernia</li> </ul>	
<b>OR</b>	<ul style="list-style-type: none"> <li>The hernia increases in size month on month</li> </ul>	

<b><u>OR</u></b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b><u>Umbilical:</u> Surgical treatment should only be offered when <u>ONE</u> of the criteria below is met:</b>		
	<ul style="list-style-type: none"> <li>Pain/discomfort severely impacting on activity of daily living with a demonstrable significant detrimental impact on daily activities with functional limitation (<b>please provide specific details in the evidence box below</b>)</li> </ul>	
<b><u>OR</u></b>	<ul style="list-style-type: none"> <li>Increase in size month on month</li> </ul>	
<b><u>OR</u></b>	<ul style="list-style-type: none"> <li>To avoid incarceration or strangulation of bowel</li> </ul>	
<b><u>OR</u></b>	<ul style="list-style-type: none"> <li>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</li> </ul>	
<b><u>Incisional/Ventral:</u> Surgical treatment should only be offered when <u>TWO</u> of the criteria below is met: (Either <u>A &amp; B</u> or <u>A &amp; C</u> must be selected)</b>		
<b>A</b>	<ul style="list-style-type: none"> <li>Pain/discomfort severely impacting on activity of daily living with a demonstrable significant detrimental impact on daily activities with functional limitation (<b>please provide specific details in the evidence box below</b>)</li> </ul>	
<b>Patient must also meet <u>ONE</u> of the following criteria:</b>		
<b>B</b>	<ul style="list-style-type: none"> <li>Appropriate conservative management has been tried first e.g. weight reduction where appropriate</li> </ul>	
<b><u>OR</u> C</b>	<ul style="list-style-type: none"> <li>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</li> </ul>	

#### **Divarication of Recti:**

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 'true' 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.

**Mid & South Essex CCGs consider repair of diastasis/divarication of recti as a cosmetic procedure and a low clinical priority and as such do not fund this procedure.**



**Please supply information clearly evidencing the selected criteria above**

<b>CCG USE:</b>	<b>Invoice ref:</b>	<b>Prior Authorisation requested by:</b>	
<b>Is the procedure approved or declined?</b>		<b>Name of Clinician</b>	
Please indicate:			
<b>Name</b>		<b>Contact number</b>	
<b>Signature</b>		<b>Date</b>	
<b>Date</b>			