Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC48 Elective Surgical Hernia Repair in Adults (reviewed considering Evidence Based Intervention (EBI) guidance)
Date of BOBFPC Recommendation	February 2024

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the national guidance and evidence for elective surgical hernia repair and recommends immediate referral for surgical opinion for patients with the following conditions;

- diagnosis of femoral hernia
- diagnosis of Spigelian hernia, following ultrasound confirmation,
- diagnosis of an inguino-scrotal hernia
- women with suspected groin hernias

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 real 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
- Increase in size month to month
- Work-related issues (includes domestic duties and unpaid caring): o has become restricted to light duties because of hernia o off work/missed work/unable to work because of hernia

Minimally symptomatic inguinal hernia can be managed safely with watchful waiting after assessment. Conservative management should therefore be considered in appropriately selected patients.

As patients have a right to be fully informed about surgical hernia repair 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.

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

The risk/benefit of elective surgical hernia repair requires careful consideration. In general abdominal hernia repair short-term complications include bleeding, bruising, infection, seroma, deep vein thrombosis and pulmonary embolism. Long-term complications include chronic pain and mesh infection.

In groin hernia repair it is suggested that the rate of chronic pain is up to 5% and mesh infection at 0.2%. Recurrence rates have been reported at 0.5%.

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

ICD10 Diagnosis codes:
K41% Femoral hernia K43% Ventral hernia (Spigelian)
K40% Inguinal hernia (includes scrotal)

ICD10 Diagnosis codes for umbilical and abdominal hernia are listed below:
K42% Umbilical hernia
K45% Other abdominal hernia
K46% Unspecified abdominal hernia

Clinical coding is assigned after the patient is discharged so classification does not include suspected conditions – it is not possible to identify suspected conditions using clinical coding.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB