Kent and Medway Policy Recommendation and Guidance Committee

Policy Recommendation

Policy:	**PR 2019-17: Elective hernia repair in adults**
Issue date:	**July 2019**

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered NICE and professional society guidance, the baseline position, the evidence base, other CCG policies, the views of local specialists and the potential impact of change in policy. All decisions were made with reference to the Ethical Framework. Taking these into account, the PRGC recommends:

Inguinal hernia repair

- Consider watchful waiting for men who are asymptomatic or minimally symptomatic.
- Elective inguinal hernia repair in adults will not be routinely funded unless at least one of the following criteria is met:
    - The hernia is symptomatic, i.e. causing pain or symptoms significantly interfering with activities of daily living **or**
    - The hernia is inguino-scrotal **or**
    - The hernia is irreducible or partly reducible.
- Patients should be provided with information on hernia and surgery for hernia. A simple guide for patients is available on NHS.uk
- Refer also to the Kent and Medway CCGs' policies on 'Smoking status of patients prior to non-urgent surgery' (PR2017-13) and 'Weight loss prior to non-urgent surgery' (PR2018-18).

Umbilical and incisional hernia

- Consider watchful waiting for patients with asymptomatic or minimally symptomatic umbilical or incisional hernia.
- Elective umbilical and incisional hernia repair in adults will not be routinely funded unless at least one of the following criteria is met:
    - The hernia is symptomatic, i.e. causing pain or symptoms significantly interfering with activities of daily living **or**
    - The hernia is irreducible or partially reducible.
- Patients should be provided with information on hernia and surgery for hernia. A simple guide for patients is available at NHS.uk.
- Refer also to the Kent and Medway CCGs' policies on 'Smoking status of patients prior to non-urgent surgery' (PR2017-13) and 'Weight loss prior to non-urgent surgery' (PR2018-18).

Femoral hernia and groin hernia in women

Patients with femoral hernia and all women with groin hernia should be referred for assessment and femoral hernia treated as required.

This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.

Clinical Commissioning Groups in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting documents

NEL HPSU (2019) *Elective hernia repair in adults – Scoping report*

Equality Analysis Screening Tool – Elective hernia repair in adults (2019)

Key points and rationale

Why is a review of the existing policy needed?
A review of the current Kent and Medway CCGs' policy on elective hernia repair in adults is required because since it was issued in 2015, the British Hernia Society (BHS) and the Royal College of Surgeons (RCS) have updated their commissioning guide on groin hernia. In addition, a 2018 report on patient access to inguinal hernia surgery by the BHS and RCS (A dangerous waiting game?) specifically challenges the Kent and Medway CCGs' policy on hernia repair.

What is hernia?
A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. Common sites for hernia formation are abdomen (ventral hernia) and the groin (inguinal or femoral hernia). Hernias can occur as a primary hernia, or incisional. An incisional hernia occurs through a previously made incision, normally a scar left from a previous operation.

A hernia often presents as a swelling or a lump in the abdomen or groin. In many cases, a hernia causes no or very few symptoms. A hernia is 'reducible' if it can be pushed back in to place with manual pressure. It is described as irreducible or 'incarcerated' if it cannot be eased back in to position. Incarceration may lead to obstruction, where the lumen of the intestine is compressed and the bowel contents are trapped inside. Incarceration may also lead to strangulation, a surgical emergency in which the blood supply to the hernia is compromised. The risk of strangulation is greater with a femoral hernia than with an inguinal hernia.

How are hernias managed?
Hernia repair involves surgery to secure the tissue or bowel within the abdominal wall. Surgery may be approached either as open surgery (a single major incision) or as laparoscopic (keyhole) surgery. A watchful waiting approach may be tried for asymptomatic or minimally symptomatic patients, but there is a likelihood of requiring surgery in the future.

What does NICE recommend?
NICE technology appraisal guidance 83 recommends laparoscopic surgery as an option for repair of inguinal hernia. The guidance also recommends that people should be informed of the risks and benefits of both open and laparoscopic hernia repair, to allow an informed choice to be made.

What does professional society guidance say?
The British Hernia Society (BHS) and the Royal College of Surgeons (RCS) issued a revised commissioning guide for groin hernia in 2016 (the previous version was issued in 2013). This recommends that primary care practitioners refer all patients with an overt or suspected inguinal or femoral hernia to a surgical provider except for patients with minimally symptomatic inguinal hernias with significant comorbidity who do not want surgery or if the patient does not have comorbidities but does not want surgical repair after appropriate information has been provided. Surgical repair should be offered to patients with a symptomatic inguinal hernia, and should be considered in patients under the age of 65 with an asymptomatic hernia. The commissioning guide also states that all irreducible and partly reducible inguinal hernias, and all groin hernias in women should be 'urgent referrals', and that modifiable risk factors such as smoking cessation, diabetic control and weight reduction should be optimised in primary care prior to elective surgery.

International guidelines for groin hernia management were published in 2018 by an expert group of international surgeons and endorsed by a number of national professional societies, although not the BHS. The guidelines state that symptomatic groin hernias should be treated surgically, and asymptomatic or minimally symptomatic male inguinal hernia patients may be managed with 'watchful waiting' since their risk of hernia-related emergencies is low.

What is the baseline position in Kent and Medway?
According to the current Kent and Medway CCGs' policy on elective hernia repair, surgical repair of asymptomatic or mildly symptomatic inguinal, umbilical, or incisional hernia is not routinely funded. Referral criteria for each type of hernia are included in the policy (Table 1).

In 2017/18 ~3,000 elective hernia repairs were undertaken on Kent and Medway patients: inguinal (63%); umbilical (20%); incisional (9%); abdominal (7%) and femoral (1%). The total cost of these procedures was ~£4.9 million with an average cost per admission of ~£1,500.

What is the rationale for PR2019-17?
PR2019-17 takes account of the BHS/ RCS commissioning guide (2016), international guidelines on hernia repair (2018) and an RCS report (A dangerous waiting game?, 2018). The RCS report specifically criticised current Kent and Medway policy on hernia repair. With regard to the existing

requirement for patients to demonstrate a history of incarceration and/or their hernia increasing in size from month to month before being able to access surgery, the BHS and RCS notes that hernias do not increase in size in a smooth fashion, with some months seeing significant growth and others seeing limited or no growth. This makes it extremely difficult to assess whether a patient may require surgery. Additionally, a patient may not have a history of incarceration but could still suffer from debilitating pain that can have an impact on his or her quality of life. PR2019-17 therefore does not include ‘increase in the size of hernia’ or ‘history of incarceration’ as eligibility criteria. It also no longer requires patients to be in pain in addition to other criteria in order to be eligible for surgery.

According to the BHS/ RCS commissioning guide conservative management of symptomatic inguinal hernias (through a ‘watchful waiting’ approach) is a potential option, however there is a likelihood of requiring surgery in the future. This is also reflected in the International Guidelines for Groin Hernia Management.

Change sheet

Reason for review:
A review of the current Kent and Medway CCGs' policy on elective hernia repair in adults is required because since it was issued in 2015, the British Hernia Society (BHS) and the Royal College of Surgeons (RCS) have updated their commissioning guide on groin hernia. In addition, a 2018 report on patient access to inguinal hernia surgery by the BHS and RCS (A dangerous waiting game?) specifically challenges the Kent and Medway CCGs' policy on hernia repair.

Change from baseline:
See Table 1 for a comparison of the existing Kent and Medway policy and PR2019-17.

Rationale for PR2019-17:
PR2019-17 takes account of the BHS/ RCS commissioning guide, international guidelines on hernia repair and an RCS report (A dangerous waiting game?, 2018). The RCS report specifically criticised current Kent and Medway policy on hernia repair. With regard to the existing requirement for patients to demonstrate a history of incarceration and/or their hernia increasing in size from month to month before being able to access surgery, the BHS and RCS notes that hernias do not increase in size in a smooth fashion, with some months seeing significant growth and others seeing limited or no growth. This makes it extremely difficult to assess whether a patient may require surgery. Additionally, a patient may not have a history of incarceration but could still suffer from debilitating pain that can have an impact on his or her quality of life. PR2019-17 therefore does not include increase in the size of hernia or 'history of incarceration' as eligibility criteria. It also no longer requires patients to be in pain in addition to other criteria in order to be eligible for surgery.
According to the BHS/ RCS commissioning guide conservative management of symptomatic inguinal hernias (through a 'watchful waiting' approach) is a potential option, however there is a likelihood of requiring surgery in the future. This is also reflected in the International Guidelines for Groin Hernia Management.

Estimated impact of implementing PR2019-17:
PR2019-17 is less restrictive than the current policy and may lead to an increase in activity and expenditure on hernia repair for Kent and Medway CCGs. It is not possible to quantify this impact due to an absence of appropriate data.

Table 1 – PRGC recommended changes to existing policy on elective hernia repair in adults

Existing Kent and Medway policy on elective hernia repair in adults	New PRGC policy recommendation (PR2019-17) on elective hernia repair in adults
Inguinal hernia repair: Surgical repair is not routinely funded for asymptomatic or mildly symptomatic inguinal hernias in adults. Adults should be referred for surgical assessment if they: • Demonstrate pain or discomfort significantly interfering with activities of daily living; AND meet at least one of the following: ◦ A history of incarceration of, or real difficulty reducing, the hernia ◦ An inguino-scrotal hernia ◦ Increase in size month to month. Umbilical hernia repair: Surgical repair is not routinely funded for asymptomatic or mildly symptomatic umbilical hernias in adults. Adults should be referred for surgical assessment if they: • Demonstrate pain or discomfort significantly interfering with activities of daily living; AND meet at least one of the following: ◦ A history of incarceration of, or real difficulty reducing, the hernia ◦ Increase in size month to month. Incisional hernia repair Surgical repair is not routinely funded for asymptomatic or mildly symptomatic incisional hernias in adults. Adults should be referred for surgical assessment if they have: • Pain/symptoms interfering with activities of daily living AND conservative management e.g. weight loss, has been tried first where appropriate. Femoral hernia repair People with femoral hernias should be referred for consultation.	Inguinal hernia repair • Consider watchful waiting for men who are asymptomatic or minimally symptomatic. • Elective inguinal hernia repair in adults will not be routinely funded unless at least one of the following criteria is met: ◦ The hernia is symptomatic, i.e. causing pain or symptoms significantly interfering with activities of daily living **or** ◦ The hernia is inguino-scrotal **or** ◦ The hernia is irreducible or partly reducible. • Patients should be provided with information on hernia and surgery for hernia. A simple guide for patients is available on NHS.uk • Refer also to the Kent and Medway CCGs' policies on 'Smoking status of patients prior to non-urgent surgery' (PR2017-13) and 'Weight loss prior to non-urgent surgery' (PR2018-18). Umbilical and incisional hernia • Consider watchful waiting for patients with asymptomatic or minimally symptomatic umbilical or incisional hernia. • Elective umbilical and incisional hernia repair in adults will not be routinely funded unless at least one of the following conditions is met: ◦ The hernia is symptomatic, i.e. causing pain or symptoms significantly interfering with activities of daily living **or** ◦ The hernia is irreducible or partially reducible. • Patients should be provided with information on hernia and surgery for hernia. A simple guide for patients is available on NHS.uk • Refer also to the Kent and Medway CCGs' policies on 'Smoking status of patients prior to non-urgent surgery' (PR2017-13) and 'Weight loss prior to non-urgent surgery' (PR2018-18). Femoral hernia and groin hernia in women Patients with femoral hernia and all women with groin hernia should be referred for assessment and femoral hernia treated as required.

Green text = additions; Red text = deletions (material changes only)