

Chorley and South Ribble Clinical Commissioning Group and Greater Preston Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for Hernia Surgery

1	Introduction
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. A hernia usually develops between the chest and hips. In many cases, it causes no or very few symptoms, although there may be a swelling or lump in abdomen or groin. The lump can often be pushed back in or disappears when lying down. Coughing or straining may make the lump appear. (1)
2.2	Inguinal hernias occur when fatty tissue or a part of the bowel pokes through into the groin at the top of the inner thigh. This is the most common type of hernia and it mainly affects men. It's often associated with ageing and repeated strain on the abdomen (1)
2.3	Femoral hernias also occur when fatty tissue or a part of the bowel pokes through into the groin at the top of the inner thigh. They're much less common than inguinal hernias and tend to affect more women than men. Like inguinal hernias, femoral hernias are also associated with ageing and repeated strain on the abdomen (1)
2.4	Umbilical hernias occur when fatty tissue or a part of your bowel pokes through the abdomen near the navel. This type of hernia can occur in babies if the opening in the abdomen through which the umbilical cord passes doesn't seal properly after birth. Adults can also be affected, possibly as a result of repeated strain on the abdomen (1)
3	Appropriate Healthcare

<p>3.1</p>	<p>The Commissioning Organisation considers that the purpose of this surgical intervention is to improve the health of patients by reducing pain, discomfort and functional disability. The Commissioning Organisation considers the achievement of this purpose as according with the Principle of Appropriateness and places it within the category of interventions that are appropriate for commissioning. Therefore it will be commissioned by the Commissioning Organisation if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.</p>
<p>4</p>	<p>Effective Healthcare</p>
<p>4.1</p>	<p>The commissioning organisation recognises that there is a robust evidence base about the efficacy of surgical intervention for the treatment of hernia.</p> <p>A trial carried out by Fitzgibbons (2) randomised 720 men to watchful waiting vs surgical repair of their hernia and were followed up for 2-4.5 years. The objective was to compare the pain limiting activities and the physical component score of each cohort.</p> <p>It was found that results for these outcomes were similar between watchful waiting and surgical repair at 2 years. Although a relatively high proportion of the watchful waiting group (23%) crossed over to operative repair of the hernia (usually due to pain), there was no difference in post op complications between this group and those allocated initially to repair.</p> <p>Only one watchful waiting patient experience acute hernia incarceration within 2 years, with a second experiencing this at 4 years therefore requiring surgery. It was concluded that watchful waiting is an acceptable option in minimally symptomatic hernias, and that in effect surgery was delayed rather than avoided.</p> <p>It was also concluded that delaying surgical repair until symptoms increase is safe because acute incarcerations occur rarely and there was no increase in operative complications. This approach is also advocated by the BMJ clinical evidence team (3). In response to the article by Fitzgibbons, Flum (4) agrees this position and reiterates the benefits of watchful waiting where clinically appropriate</p> <p>As a result of the Danish hernia database (5), surgical repair in the presence of symptoms affecting daily life is recommended. Due to the higher risk of strangulation in women, surgical repair is recommended. However, in men with minimal or absent symptoms, a watchful waiting approach is recommended in line with Fitzgibbons and Flum.</p>
<p>5</p>	<p>Cost Effectiveness</p>
<p>5.1</p>	<p>The Commissioning Organisation considers that surgical intervention for hernias are cost effective, and therefore this policy does not rely on the Principle of Cost-Effectiveness.</p>
<p>6</p>	<p>Ethics</p>

6.1	The Commissioning Organisation considers that Hernia Surgery meets the criterion for ethical healthcare delivery.
7	Affordability
7.1	<p>The Commissioning Organisation calls into question the affordability of these procedures and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.</p>
8	Policy
8.1	<p>Hernias in Female Patients: All suspected groin hernias in female patients do not require funding authorisation from the CCG for referral to secondary care due to the increased risk of incarceration/ strangulation (6)</p>
8.2	<p>Femoral Hernia: All suspected femoral hernias do not require funding authorisation from the CCG for referral to secondary care due to the increased risk of incarceration/strangulation</p>
8.3	<p>The Commissioning Organisation will not fund surgery for the following:</p> <ul style="list-style-type: none"> a) Small, asymptomatic hernias b) Minimally symptomatic hernias c) Large, wide necked hernias unless there is demonstrable evidence it is causing significant symptoms d) Groin pain, including ‘athletic pubalgia’ sometimes known as ‘sports hernia’ or ‘Gilmore’s groin’ e) Impalpable hernias/abdominal wall weakness f) any additional costs over and above the Hernia NHS PBR tariff relating to the type of mesh used by the provider
8.4	<p>Inguinal: For asymptomatic or minimally symptomatic hernias, the Commissioning Organisation advocates a watchful waiting approach (7) including providing reassurance, pain management etc, under informed consent.</p> <p>A referral to secondary care should only take place when one or more of the following criteria is met:</p> <p>(a) symptomatic i.e. symptoms are such that they cause significant functional</p>

	<p>impairment</p> <p>OR</p> <p>(b) the hernia is difficult or impossible to reduce, [i.e. history of incarceration or real difficulty reducing the hernia confirmed by ultrasound]</p> <p>OR</p> <p>(C). inguino-scrotal hernia,</p> <p>OR</p> <p>(d) the hernia increases in size month on month</p>
8.6	<p>Umbilical:</p> <p>Surgical treatment will only be commissioned when one or more of the following criteria is met:</p> <p>(a) pain/discomfort that causes significant functional impairment</p> <p style="text-align: center;">OR</p> <p>(b) increase in size month on month</p> <p style="text-align: center;">OR</p> <p>(c) to avoid incarceration or strangulation of bowel</p>
8.7	<p>Incisional:</p> <p>Surgical treatment will only be commissioned when both of the following criteria are met:</p> <p>(a) pain/discomfort that causes significant functional impairment</p> <p>AND</p> <p>(b) appropriate conservative management has been tried first e.g. weight reduction where appropriate</p>
8.8	<p>There must be well documented evidence of significant pain that is present all or most of the time, is preventing usual activities and other causes for the pain or discomfort have been excluded.</p>
9	Exceptions
9.1	<p>The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.</p>
10	Force
9.1	<p>This policy remains in force for a period of three years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.</p>
10	References

	<ol style="list-style-type: none"> 1. NHS Choices. Hernia [online] Available from: http://www.nhs.uk/conditions/hernia/Pages/Introduction.aspx 2. Fitzgibbons (2006); Watchful waiting versus repair of inguial hernia in minimally symptomatic men, a randomised controlled trial. JAMA: 295; 285-292 7 3. BMJ clinical evidence on Inguinal Hernias; Chos, Purkayastha, Anthanasiou, Tekkis and Darzi. 9. 4. Flum (2006) : The asymptomatic hernia: If it"s not broken don"t fix it. JAMA: 295; 249 8. 5. Rosenberg (2011). Danish hernia database recommendations for management of inguinal and femoral hernias in adults. Danish Medical Bulletin; 58/2: C4243 10. 6. The BMJ. Cost effectiveness of hernia surgery [online] Available from: http://www.bmj.com/content/346/bmj.f3498 7. Royal College of Surgeons. Hernia Commissioning Guide [online] Available from: https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/hernia-commissioning-guide/ 8. NCBI. European Hernia Society guidelines on the treatment of inguinal hernia in adult patients [online] Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719730/ 9. NHS Somerset Clinical Commissioning Group. Hernia (Adults) policy [online] Available from: www.somersetccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?alld=5307
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