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| Intervention  | **108. Inguinal Hernia Repair (Adults)** |
| For the treatment of  | Hernia |
| Commissioning Position  | Surgery is routinely commissioned and does not require prior approval for: * Suspected femoral or inguinal hernias in women or
* Suspected femoral or inguino-scrotal hernias in men or
* Any hernia that is difficult or impossible to reduce or causes pain/discomfort interfering with activities of daily living in all adults.

Surgery is also commissioned for any hernia that: * Has steadily increased in size or
* If a comorbidity is present that is considered likely to significantly increase the risks associated with surgery at a later date.

Minimally symptomatic hernias can otherwise be managed conservatively with watchful waiting. This policy does not cover congenital hernias in children |
| Summary of Rationale | Watchful waiting is a safe option for people with minimally symptomatic inguinal hernias. Delaying and not doing surgical repair unless symptoms increase is acceptable because acute hernia incarcerations occur rarely. Many people with an inguinal hernia are asymptomatic or minimally symptomatic and may never need surgery.In women, all suspected groin hernias should be urgent referrals due to higher risk of complication. |
| References  | [EBI Repair of minimally symptomatic inguinal hernia (AOMRC)](https://ebi.aomrc.org.uk/interventions/repair-of-minimally-symptomatic-inguinal-hernia/)[Interim Clinical Commissioning Policy - Abdominal wall hernia management and repair in adults (NHSE)](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC001.pdf) [Hernia - Commissioning Guide (RCSEng)](https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/hernia-commissioning-guide/) |
| Effective from | January 2025 |
| Policy Review Date  | January 2028 |