

Patient Name:  
Address:  
Date of Birth:  
NHS Number  
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

## Surgical Repair of Hernias

Instructions for use:

**To Referring Clinicians (e.g. GP's):** Please refer to the above policy and complete the following form prior to referral.

**To Receiving Clinician:** Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit. (This policy only applies to patients aged over 16 years)

**PATIENTS WITH DIVERIFICATION OF THE RECTI SHOULD NOT BE REFERRED FOR SURGICAL OPINION**

The CCG will only fund **inguinal** hernia surgery when the following criteria are met:

<i>In ordinary circumstances*, referral/treatment should not be considered unless the patient meets <b>one or more</b> of the following criteria.</i>	Delete as appropriate	
Symptomatic hernias i.e. those which limit work or activities of daily living <b>OR</b>	Yes	No
Hernias that are difficult or impossible to reduce	Yes	No
Inguino-scrotal hernias	Yes	No
An increase in the size of the hernia month on month (please use your clinical discretion when referring/surgical repair of these patients)	Yes	No

*\*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further information.*

Please note that for asymptomatic or minimally symptomatic inguinal hernias, the CCG advocates a watchful waiting approach (informed consent regarding the potential risks of developing hernia complications e.g. incarceration, strangulation, or bowel obstruction). Patients should also be advised regarding weight loss as appropriate.

The CCG will only fund **umbilical, para umbilical and midline ventral** hernia surgery when the following criteria are met:

<i>In ordinary circumstances*, referral/treatment should not be considered unless the patient meets <b>one or more</b> of the following criteria.</i>	Delete as appropriate	
Pain or discomfort interfering with ADL <b>OR</b>	Yes	No
An increase in the size of the hernia month on month <b>OR</b>	Yes	No
To avoid strangulation and incarceration of bowel where hernia is $\geq 2$ cm	Yes	No

The CCG will only fund **Incisional** hernia surgery when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets the following criteria.</i>	Delete as appropriate	
Pain or discomfort interfering with Activities of Daily Living	Yes	No

The CCG will only fund **femoral** hernia surgery when the following criteria are met:

All suspected femoral hernias must be referred to secondary care due to the increased risk of incarceration/ strangulation	Yes	No
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