

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 20: Repair of asymptomatic and minimally symptomatic inguinal hernias in men
Policy position	Not normally funded
Date of issue	January 2023
Update	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE).

This policy applies only to men. Watchful waiting is not recommended in women with an inguinal hernia.

Inguino-scrotal hernias are classified as a severe form of inguinal hernia and are difficult or impossible to reduce. Inguino-scrotal hernias are also excluded from this policy.

For asymptomatic or minimally symptomatic inguinal hernias in men, a watchful waiting approach should be taken. This should include reassurance and the provision of information on the signs and symptoms requiring treatment.

The following is for information only (not subject to Prior Approval)

Refer suspected primary or recurrent inguinal hernias in men for surgical assessment if **any** of the following apply:

- symptomatic i.e. symptoms are such that they cause significant functional impairment in work or activities of daily living OR significant hernia-related pain

OR

- the hernia is difficult or impossible to reduce (i.e. history of incarceration or real difficulty reducing the hernia)

OR

- The patient has developed significant symptoms during a period of watchful waiting and now wishes surgical repair

Watchful waiting should also be used for patients with minimally symptomatic inguinal hernias who have significant comorbidity and do not want to have surgical repair (after appropriate information has been provided).

Patients (for example ASA 1-3¹) who do not want surgical repair after appropriate information has been provided do not require referral.

¹ ASA (American Society of Anaesthesiologists) grade of physical status: ASA 1 Normal healthy patient; ASA 2 Patient with mild systemic disease; ASA 3 Patient with severe systemic disease that is not a constant threat to life; ASA 4 Patient with severe systemic disease that is a constant threat to life; ASA 5 Moribund patient not expected to survive with or without surgery would help patients/non-clinicians

References:

NHS Evidenced Based interventions Programme (2020) Repair of minimally symptomatic inguinal hernia

Coding:**Procedure codes**

T20.1 Primary repair of inguinal hernia using insert of natural material
T20.2 Primary repair of inguinal hernia using insert of prosthetic material
T20.3 Primary repair of inguinal hernia using sutures
T20.4 Primary repair of inguinal hernia and reduction of sliding hernia
T20.8 Other specified primary repair of inguinal hernia
T20.9 Unspecified primary repair of inguinal hernia

Diagnosis codes

K40.2 Bilateral inguinal hernia, without obstruction or gangrene
K40.9 Unilateral or unspecified inguinal hernia, without obstruction or gangrene

Version	Date	Reason for change
Version 1	2013	N/A
Version 2	May 2021 SHIP Priorities Committee	Alignment with EB12. Agreed by Board but never published due to rag rating.
Version 3	07/10/22	Clarification on policy position (not normally funded for asymptomatic / minimally symptomatic)

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status