

Policy for Hernia (abdominal) Surgery

Ref:	LSCICB_Clin29
Version:	2
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) 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. This policy is based on the ICBs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
Supersedes:	1.1
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Commissioning Committee
Cross reference to other Policies/Guidance	
Date Ratified:	July 2026
Date Published and where (Intranet or Website):	October 2026 (Website)
Review date:	July 2031
Target audience:	All LSCICB Staff

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Document control:		
Date:	Version Number:	Section and Description of Change
June 2022	V1	Ratified by Lancashire and South Cumbria Strategic Commissioning Committee (SCC)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
July 2026	V2	Referral criteria simplified to improve consistency and usability. Urgent and emergency criteria clarified to support safe prioritisation. Changes promote equitable decision-making and reduce variation in referral practice across the system. Associated clinical codes and references updated.

1. Policy

1.1 The ICB will routinely commission referral and/or surgical intervention in the management of a variety of hernias in the following circumstances:-

1.2 ALL Hernias

1.2.1 Any hernia accompanied by signs or symptoms of strangulation or obstruction is a (same day) **EMERGENCY** referral.

1.2.2 Any hernia which is irreducible and symptomatic is an **URGENT** referral.

1.3 GROIN hernia (inguinal or femoral)

1.3.1 Any grade of groin hernia (inguinal or femoral) in women is an **URGENT** referral.

1.3.2 Minimally symptomatic inguinal hernia in men is a **ROUTINE** referral to determine the appropriateness of watchful waiting and subsequent management.

1.3.3 Symptomatic and reducible inguinal hernia in men is a **ROUTINE** referral.

1.4 VENTRAL HERNIA (incisional, umbilical or epigastric)

1.4.1 Minimally symptomatic ventral hernia in men or women is a **ROUTINE** referral to determine the appropriateness of watchful waiting and subsequent management.

1.4.2 Symptomatic ventral hernia in men or women which is markedly affecting their daily quality of life is an **URGENT** referral.

Definition of symptomatic

Although this really depends on clinical judgement, as a guide, *symptomatic* in this context usually refers to pain or discomfort which is related to the hernia.

2. Scope and definitions

2.1 This policy applies to adults aged 19 and over.

2.2 The term hernia means an interruption in a layer of tissue which allows underlying structures, or parts of organs, such as bowels, to protrude through. In lay terms, a hernia is a bulge in the tummy or groin.

The types of hernia:

Ventral hernias include epigastric, umbilical and incisional.

Groin hernias includes inguinal and femoral hernias.

Umbilical hernias are those in which tissue bulges through a weakness in or around the umbilicus (belly button).

Epigastric hernias occur in the upper abdomen.

Incisional hernias occur along scars of previous surgery.

Note - Divarication of recti also causes a “bulge in the tummy” but is not a hernia and there is no risk of strangulation. It is in the scope of the Cosmetic Procedures Policy and is not routinely funded.

- 2.3 The ICB recognises that a patient may have certain features, such as
- having a hernia.
 - wishing to have surgery for their hernia.
 - being advised that they are clinically suitable for the surgical repair of a hernia, and
 - being distressed by their hernia; and by the fact that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

- 3.1 The purpose of surgery to repair a hernia is normally to either treat the pain and associated symptoms of the hernia, or to reduce the risk of complications from the hernia, including strangulation or obstruction of the bowel.
- 3.2 The following policy criteria rely on the principle of appropriateness:
The criteria in 2.2 relating to the management of asymptomatic or minimally symptomatic hernias, as the ICB considers the alternative management approach of watchful waiting is usually more appropriate than surgical intervention.

4. Effective Healthcare

- 4.1 The ICB does not call into question the effectiveness of the surgical management of hernias and therefore this policy does not rely on the Principle of Effectiveness. If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of the surgical management of hernias and therefore this policy does not rely on the Principle of Cost-Effectiveness. If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of the surgical management of hernias and therefore this policy does not rely on the Principle of Ethics. If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of the surgical management of hernias and therefore this policy does not rely on the Principle of Affordability. If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

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11. OPCS and ICD codes

OPCS codes
T191 - Bilateral herniotomy
T192 - Unilateral herniotomy
T19 - Other specified simple excision of inguinal hernial sac
T199 - Unspecified simple excision of inguinal hernial sac
T201 - Primary repair of inguinal hernia using insert of natural material
T202 - Primary repair of inguinal hernia using insert of prosthetic material
T203 - Primary repair of inguinal hernia using sutures
T204 - Primary repair of inguinal hernia and reduction of sliding hernia
T208 - Other specified primary repair of inguinal hernia
T209 - Unspecified primary repair of inguinal hernia
T211 - Repair of recurrent inguinal hernia using insert of natural material

T212 - Repair of recurrent inguinal hernia using insert of prosthetic material
T213 - Repair of recurrent inguinal hernia using sutures
T214 - Removal of prosthetic material from previous repair of inguinal hernia
T218 - Other specified repair of recurrent inguinal hernia
T219 - Unspecified repair of recurrent inguinal hernia
T221 - Primary repair of femoral hernia using insert of natural material
T222 - Primary repair of femoral hernia using insert of prosthetic material
T223 - Primary repair of femoral hernia using sutures
T228 - Other specified primary repair of femoral hernia
T229 - Unspecified primary repair of femoral hernia
T231 - Repair of recurrent femoral hernia using insert of natural material
T232 - Repair of recurrent femoral hernia using insert of prosthetic material
T233 - Repair of recurrent femoral hernia using sutures
T234 - Removal of prosthetic material from previous repair of femoral hernia
T238 - Other specified repair of recurrent femoral hernia
T239 - Unspecified repair of recurrent femoral hernia
T241 - Repair of umbilical hernia using insert of natural material
T242 - Repair of umbilical hernia using insert of prosthetic material
T243 - Repair of umbilical hernia using sutures
T244 - Removal of prosthetic material from previous repair of umbilical hernia
T248 - Other specified primary repair of umbilical hernia
T249 - Unspecified primary repair of umbilical hernia
T251 - Primary repair of incisional hernia using insert of natural material
T252 - Primary repair of incisional hernia using insert of prosthetic material
T253 - Primary repair of incisional hernia using sutures
T258 - Other specified primary repair of incisional hernia
T259 - Unspecified primary repair of incisional hernia
T261 - Repair of recurrent incisional hernia using insert of natural material
T262 - Repair of recurrent incisional hernia using insert of prosthetic material
T263 - Repair of recurrent incisional hernia using sutures
T264 - Removal of prosthetic material from previous repair of incisional hernia
T268 - Other specified repair of recurrent incisional hernia
T269 - Unspecified repair of recurrent incisional hernia
T271 - Repair of ventral hernia using insert of natural material
T272 - Repair of ventral hernia using insert of prosthetic material
T273 - Repair of ventral hernia using sutures
T274 - Removal of prosthetic material from previous repair of ventral hernia
T278 - Other specified repair of other hernia of abdominal wall
T279 - Unspecified repair of other hernia of abdominal wall
T971 - Repair of recurrent umbilical hernia using insert of natural material
T972 - Repair of recurrent umbilical hernia using insert of prosthetic material
T973 - Repair of recurrent umbilical hernia using sutures
T978 - Other specified repair of recurrent umbilical hernia
T979 - Unspecified repair of recurrent umbilical hernia
T981 - Repair of recurrent ventral hernia using insert of natural material
T982 - Repair of recurrent ventral hernia using insert of prosthetic material
T983 - Repair of recurrent ventral hernia using sutures
T988 - Other specified repair of recurrent other hernia of abdominal wall
T989 - Unspecified repair of recurrent other hernia of abdominal wall
ICD codes
K400 - Bilateral inguinal hernia, with obstruction, without gangrene
K401 - Bilateral inguinal hernia, with gangrene

K403 - Unilateral or unspecified inguinal hernia, with obstruction, without gangrene
K404 - Unilateral or unspecified inguinal hernia, with gangrene
K410 - Bilateral femoral hernia, with obstruction, without gangrene
K411 - Bilateral femoral hernia, with gangrene
K413 - Unilateral or unspecified femoral hernia, with obstruction, without gangrene
K414 - Unilateral or unspecified femoral hernia, with gangrene
K420 - Umbilical hernia with obstruction, without gangrene
K421 - Umbilical hernia with gangrene
K430 - Incisional hernia with obstruction, without gangrene
K431 - Incisional hernia with gangrene
K433 - Parastomal hernia with obstruction, without gangrene
K434 - Parastomal hernia with gangrene
K436 - Other and unspecified ventral hernia with obstruction, without gangrene
K437 - Other and unspecified ventral hernia with gangrene
K450 - Other specified abdominal hernia with obstruction, without gangrene
K451 - Other specified abdominal hernia with gangrene
K460 - Unspecified abdominal hernia with obstruction, without gangrene
K461 - Unspecified abdominal hernia with gangrene