

Pathway:	Hernia Repair
Referral Criteria/Commissioning position:	
<p><i>Referrals to secondary care for:</i></p> <p>Ventral Hernia, Para-umbilical & Epigastric:</p> <ul style="list-style-type: none"> • Symptomatic with Patient complaining of pain and/or atrophic skin changes <p>Ventral Hernia & Incisional hernia:</p> <ul style="list-style-type: none"> • Symptomatic • Asymptomatic but increasing in size <p>Groin Hernia:</p> <ul style="list-style-type: none"> • Inguinal hernia: <ul style="list-style-type: none"> ○ visible on clinical examination and symptomatic ○ visible on clinical examination but asymptomatic if patient opts for repair (GP to make patient fully aware of risk/benefits) ○ large inguinal/inguinal scrotal (for opinion, even if asymptomatic) ○ no hernia visible on clinical examination but other symptoms present and other intervention (physiotherapy or treatment with anti-inflammatories) unsuccessful <p>'Red Flag' symptoms</p> <ul style="list-style-type: none"> • Incarcerated hernias – i.e. irreducible hernia, associated with increasing pain, require admission for surgical attention <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • None 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Description of symptoms and duration • Details of treatments and measures tried including outcomes • Relevant past medical/surgical history • Drug history (prescribed and non-prescribed) • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p>Patient Information Leaflet: General hernia advice: NHS choices Inguinal Hernia Repair leaflet: click here Femoral Hernia Repair leaflet: click here</p>	
CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017