

## Priorities Forum Guidance

<b>Number</b>	<b>25</b>
<b>Subject</b>	<b>Management of Abdominal Hernias in adults</b>
<b>Date of decision</b>	<b>April 2017</b>
<b>Date refreshed</b>	<b>April 2017</b>
<b>Date review due</b>	<b>April 2020</b>

### GUIDANCE

#### **Policy Summary**

This policy covers the management of abdominal hernias including inguinal, femoral, umbilical, and incisional hernias, with criteria for referrals/treatment. The term 'ventral hernia' is a non-specific term which could include umbilical, epigastric or incisional hernias, and therefore the more specific term must be used. For the guidance on divarication of the recti, please see guidance number 63.

#### **Eligibility criteria**

##### **Hernias in female patients**

All suspected groin hernias in females should be referred to secondary care due to the increased risk of incarceration/strangulation.

##### **Inguinal hernias in males:**

Clinicians should use an accredited Shared Decision Making tool to discuss alternative options for management with their patients prior to considering surgical referral (see next page).

##### **Femoral hernias:**

All suspected femoral hernias should be referred to secondary care due to the increased risk of incarceration/strangulation

##### **Umbilical, Para-umbilical, Epigastric and Incisional hernias:**

Surgical treatment should be offered when it is the clinical judgement of the surgeon that surgery is in the patient's best interests.

Epigastric hernias need to be clearly differentiated from divarication of the recti, which is a widening of the linea alba without a defect in the fascia (see guidance 63 for divarication of the recti management).

**Human Rights and Equality Legislation has been considered in the  
 formation of this policy**

**Link to Shared Decision Making Tool for Inguinal Hernias**

<https://solihullccg.nhs.uk/publications/our-policies-and-procedures-1/treatment-policies-reference-library/2246-inguinal-hernia/file>