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:
Please refer to policy for full details. (This policy only applies to patients aged over 16 years). Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

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

Suspected groin hernias in women should be urgent referrals (adults over 19 years)

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

In ordinary circumstances, referral/treatment should not be considered unless the patient meets **one or more** of the following criteria.*	**Delete as appropriate**	
Symptomatic hernias i.e. those which limit work or activities of daily living **OR**	Yes	No
Hernias that are difficult or impossible to reduce **OR**	Yes	No
Inguino-scrotal hernias **OR**	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. If patient meets the above criteria then prior approval is not required.*

Please note that for asymptomatic or minimally symptomatic inguinal hernias, the SY ICB 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 SY ICB will only fund ***umbilical, para umbilical and midline ventral*** hernia surgery when the following criteria are met:

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

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

Pain or discomfort interfering with activities of daily living	Yes	No

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