

<b>Policy title</b>	<b>Elective hernia repair in adults and Biological mesh for abdominal hernia repair V2.1</b>
<b>Policy position</b>	<b>Elective hernia repair: Criteria Based Access Biological mesh for abdominal hernia repair: Not Normally Funded</b>
<b>Date of ICB recommendation</b>	<b>August 2025</b>

A hernia occurs when an internal part of the body pushes through a weakness in the muscle or surrounding tissue wall. This policy covers the management of abdominal hernias including inguinal, umbilical, and incisional hernias, with criteria for referrals for specialist opinion/treatment.

This policy excludes:

- Suspected serious complication such as strangulation or intestinal obstruction.
- An irreducible or only partially reducible hernia.
- Femoral hernia, spigelian hernia (following ultrasound confirmation) or inguino-scrotal hernia.
- Groin hernia in females.
- Parastomal hernia.
- Hernia repair required to facilitate peritoneal dialysis, or to prevent potential future emergency repair in patients with liver cirrhosis.

### **Policy criteria**

For other abdominal/ventral hernias, including inguinal, umbilical, para-umbilical, epigastric and incisional, referral for elective hernia repair may be considered only if at least one of the following criteria are met:

- Documented history of incarceration, or difficulty in reducing the hernia.
- Documented pain or discomfort significantly interfering with activities of daily living (including occupational and caring activities). Details of nature and extent of impact must be documented.
- Clinical concern that patient has a hernia with increased risk of strangulation.

Bilateral groin hernia repair will be funded if one or both of the hernias fulfil the above criteria.

**For patients who are living with overweight or obesity and/ or are active smokers:**

All healthcare services (including primary care, community services and secondary care) should offer referral to patients for weight loss and smoking cessation support at the earliest opportunity. Please see the associated BLMK ICB policy, Weight Management Services for Adults.

**For all patients:** Use of a quality assured [decision support aid](#) is encouraged to support discussion of the risks, benefits and consequences of the treatment options available in the context of each person's life and what matters to them.

**Rationale**

The risk/benefit of elective surgical hernia repair requires careful consideration. In general short-term complications of abdominal hernia repair include bleeding, bruising, infection, seroma, deep vein thrombosis and pulmonary embolism<sup>1</sup>. 30 day reoperation and readmission rates are reported at 0.3 to 2.2% and 5.9 to 13.3% respectively<sup>2</sup>. Long-term complications include chronic pain reported in up to 30% (debilitating pain in 3%)<sup>3</sup> and mesh infection. Recurrence rates vary according to hernia type and size, patient specific factors, and surgical technique, and are reportedly up to 29%<sup>4</sup>. Mortality rates are 0.2 to 0.5%<sup>2</sup>.

In groin hernia repair it is suggested that the rate of chronic pain is up to 5%<sup>1</sup> and mesh infection 0.2%<sup>1</sup>. Recurrence rates have been reported at 0.5%<sup>1</sup> to 2 to 5%<sup>5</sup>. Mortality rate is estimated at 0.5%<sup>6</sup>.

**Biological mesh**

Use of biological mesh in abdominal wall hernia repair or closure of laparostomy **is not normally funded**, or funded in addition to the usual tariff price for the procedure, due to insufficient evidence of clinical and cost-effectiveness.

**References:**

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5. The Society for Surgery of the Alimentary Tract (USA): Patient Care Guidelines, Surgical Repair of Groin Hernias (2013)
6. Van den Heuvel et al. (2011). Is surgical repair of an asymptomatic groin hernia appropriate? A review. *Hernia* 15:251–259
7. Evidence-Based Interventions: Repair of minimally symptomatic inguinal hernia. Published January 2020; reviewed September 2024.
8. Stabilini, N et al (2023) Update of the international HerniaSurge guidelines for groin hernia management. *BJS Open*, Volume 7, Issue 5, zrad080.
9. The HerniaSurge Group (2018) International guidelines for groin hernia management. *Hernia* 22, 1–165.
10. Tran et al (2023) Systematic Review and Guidelines for Management of Scrotal Inguinal Hernias. *J Abdom Wall Surg.* 2023 Mar 27;2:11195.
11. Sanders D et al (2023) Midline incisional hernia guidelines: the European Hernia Society, *British Journal of Surgery*, 2023;110(12):1732-1768.

12. Henriksen N et al (2020) European and Americas Hernia Societies (EHS and AHS). Guidelines for treatment of umbilical and epigastric hernias from the European Hernia Society and Americas Hernia Society. Br J Surg. 2020 Feb;107(3):171-190.

13. Henriksen N et al (2020) European Hernia Society and the Americas Hernia Society, EHS and AHS guidelines for treatment of primary ventral hernias in rare locations or special circumstances, BJS Open, Volume 4, Issue 2, April 2020: 342–353.

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**NOTE:**

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

**Clinical coding:**

OPCS Procedure codes:

- T20: Primary repair of inguinal hernia.
- T21: Repair of recurrent inguinal hernia.
- T24: Primary repair of umbilical hernia.
- T25: Primary repair of incisional hernia.
- T26: Repair of recurrent incisional hernia.
- T27: Repair of other hernia of abdominal wall.
- T97: Repair of recurrent umbilical hernia.
- T98: Repair of recurrent other hernia of abdominal wall

<b>Policy update record</b>	
August 2025 BLMK ICB Executive Team V2.0	<p>Policy amended to:</p> <ul style="list-style-type: none"> <li>• Exclude referrals for female patients with groin hernia due to increased risk of strangulation</li> <li>• Exclude referral for hernia repair required to facilitate peritoneal dialysis, or to prevent potential future emergency repair in patients with liver cirrhosis</li> <li>• Clarify that the policy excludes suspected serious complication such as strangulation or intestinal obstruction, or if the hernia is irreducible, or only partially reducible</li> <li>• Clarify that the policy excludes referral for the management of parastomal hernia</li> </ul> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Criteria in relation to increase in size of hernia amended to clinical concern of increased risk of strangulation</li> <li>• Inclusion of reference to the NHS England decision making tool</li> <li>• Inclusion of a statement regarding referral for weight loss/smoking support</li> </ul>
V2.1 September 2025	Update of coding only.

Key words: hernia, biological mesh, mesh