# 22. HERNIA REPAIR REFERRAL FORM

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| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address buildingSender address roadSender address post town |
| Address | Patient address housePatient address roadPatient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient AgeDate of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |       |

|  |
| --- |
| Diagnosis and relevant history:      |
| Current (incl repeats) and past relevant medication & reason for stopping:      |
| Allergies:Allergies |

### Referral Criteria (tick those that apply):

*Funding will be considered where patient meets criteria (see below). The clinician needs to ensure that the patient fulfils all the criteria before they are referred to secondary care. Where the patient does not fulfil the criteria the Exceptions Form will need to be completed. This can be found on the CCG’s website In order to do this the Exceptional Circumstances Submission form will need to be completed and can be found on the CCG’s website*

[*http://www.valeofyorkccg.nhs.uk/rss/index.php?id=individual-funding-request-forms*](http://www.valeofyorkccg.nhs.uk/rss/index.php?id=individual-funding-request-forms)

**Repair of suspected femoral hernias, inguinal hernias in women, or any irreducible hernias is commissioned and should be referred urgently due to the increased risk of incarceration/strangulation**

(NB: by ticking this box the above criteria is met and this threshold does not apply) [ ]

**The policy covers surgical treatment of inguinal hernias in adult men, and umbilical or incisional hernias in all adults**

**Hernia repair for cosmetic reasons or for asymptomatic or minimally symptomatic hernias in adults is NOT routinely commissioned**. An approach of watchful waiting is recommended for small painless hernias and supported by the evidence base; delaying repair is considered safe. Conservative management should be encouraged first e.g. to lose weightor try support from surgical appliances or suitable underwear.

**Surgical treatment should only be offered when one of the following criteria is met:**

* Pain/discomfort interfering significantly with activities of daily living [ ]

**OR**

* The hernia is difficult to reduce [ ]

**OR**

* Comorbidity which does not make the patient unfit for surgery at present but is like to significantly increase the risks associated with future surgery [ ]

**AND**

* The patient wants to have surgery [ ]
* The patient has been informed about relevant Shared Decision Making tools   [ ]
* The patient has been informed about PROMS information [ ]

**Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.**

If the patient does not meet any of the above criteria state reason for referral:

Has funding been approved by the Individual Funding Request Panel

(Please tick) [ ]

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### For Trust usage

Patient listed for surgery: Yes [ ]  No [ ]

Comments: