General Surgery – Patient Pathway for Primary Hernia Repair

Important Information for Consideration Prior to Referral

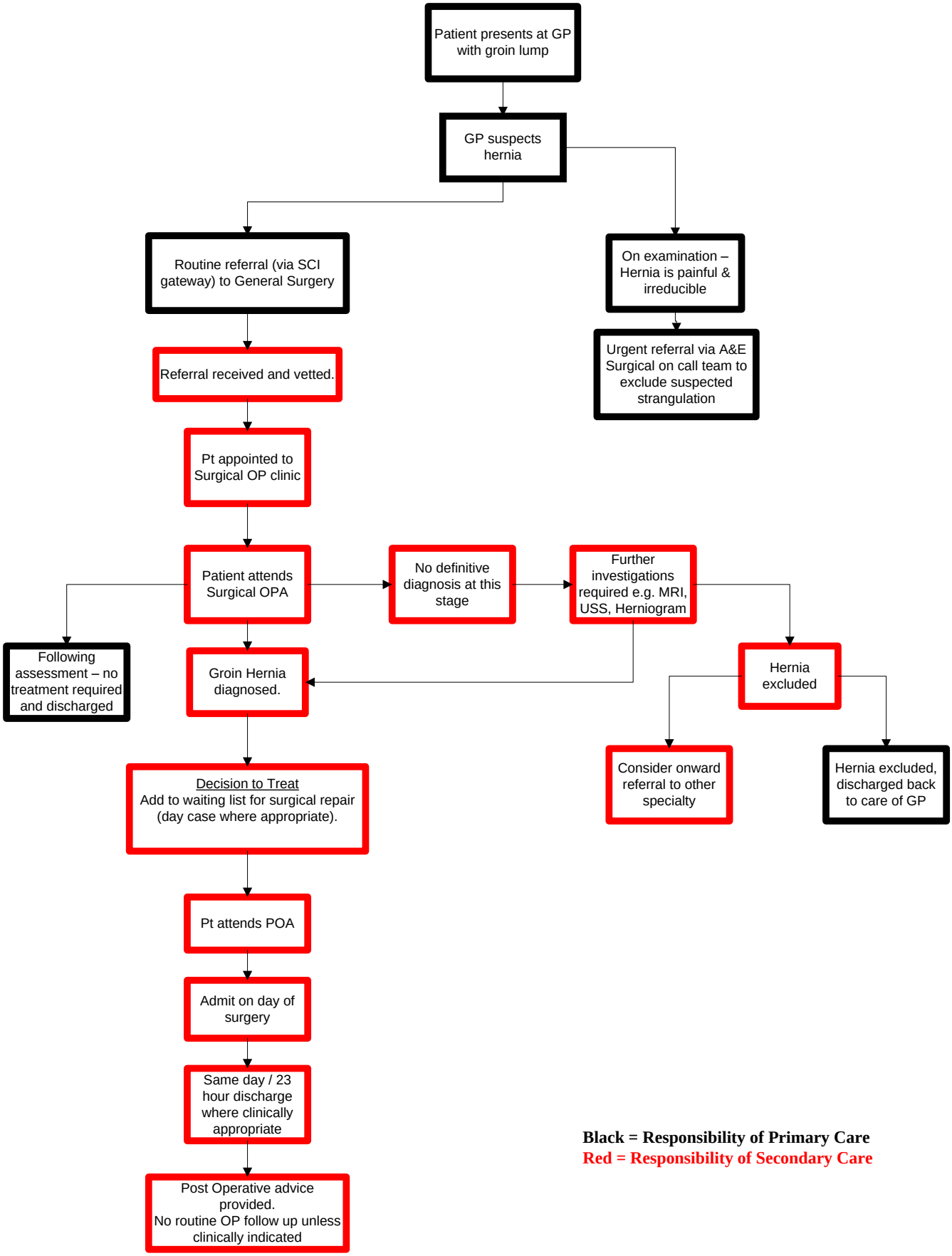
Consideration of referral to secondary care for groin hernia should take the following factors into account.

Groin hernia repair is a low health gain procedure with 50% of patients deriving no benefit after surgical repair. As many as 30% of patients will suffer some degree of chronic groin pain with 1 to 2% suffering debilitating symptoms rendering them incapable of working or fulfilling their activities of daily living. The strongest predictor of this is pre-procedural pain which would normally be explained to the patient as part of the process of informed consent. Morbidity is high at approximately 30% and recurrence remains around 3% despite 'technical advances' in repair.

Increasingly “hernias” are being identified as an incidental finding from other investigations e.g. CT or MRI. These investigations are often undertaken for non-organic symptoms such as localised pain. Unless the patient has a palpable (reducible) lump surgical repair is not normally indicated. **If groin pain is present but no lump is evident - repeat examination in six or twelve months is the best approach.** A significant proportion of localising pains are self limiting muscular problems but if a hernia becomes evident then surgical repair can be considered.

When referral to secondary care is deemed appropriate please see the guidance on page 2.

General Surgery - Patient Pathway for Primary Hernia Repair



Black = Responsibility of Primary Care
Red = Responsibility of Secondary Care