**REFERRAL FORM FOR CONSIDERATION OF HERNIA REPAIR SURGERY**

**FOR PATIENTS AGED 18 AND OVER**

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| **PATIENT DETAILS** | | | | |
| Date of Referral: |  | Date Referral Received: |  | |
| GP Practice: |  | Referring GP: |  | |
| Patient Name: |  | Patient Date of Birth: |  | |
| Patient Address: |  | Patient Contact Number: |  | |
| NHS Number: |  | Hospital Number (if known): |  | |
| Nature of Hernia for Referral Consideration, please specify | | | **Inguinal ☐**  **Femoral ☐**  **Umbilical ☐**  **Incisional ☐** | |
| **POLICY STATEMENT – extract from full policy, which is accessible via this link**  [**http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39617**](http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39617) | | | | |
| **Inguinal Hernia** - Surgical treatment should only be offered when *ONE* of the following criteria is met:   * A history of incarceration, or real difficulty reducing the hernia; * A hernia that is increasing in size month on month; * Pain or discomfort sufficient to interfere with activities of daily living; * An inguino-scrotal hernia; * A recurrence to a previously treated hernia; | | | | **Tick All That Apply**  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| **Femoral Hernia**   * All suspected femoral hernias should be referred to secondary care due to the increased risk of incarceration/strangulation | | | | **Urgent Referral** |
| **Umbilical Hernia** - Surgical treatment should only be offered when *ONE* of the following criteria is met:   * Pain or discomfort sufficient to interfere with activities of daily living; * A hernia that is increasing in size month on month; * To avoid incarceration or strangulation of the bowel. | | | | **Tick All That Apply**  Yes  No  Yes  No  Yes  No |
| **Incisional Hernia** - Surgical treatment should only be offered when *BOTH* of the following criteria are met:   * Pain or discomfort sufficient to interfere with activities of daily living; AND * Appropriate conservative management has been tried first e.g. weight reduction where appropriate | | | | **Tick All That Apply**  Yes  No  Yes  No |
| **REFERRAL CRITERIA** | | | | |
| Are there any co-morbidities that need to be considered before surgery?  (Please provide details overleaf) | | | | Yes  No |
| Have relevant co-morbidities been optimised as far as possible and the patient is willing to consider surgery at the time of referral? | | | | Yes  No |
| **EXAMINATION/PMH/DH/ALLERGIES** | | | | |
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| **PATIENTS NOT MEETING THE POLICY** | | | | |
| For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has clinically exceptional circumstances, an Individual Funding Request may be considered. The referring clinician should consult the Commissioner’s “Operational Policy for Individual Funding Requests” document for further guidance on this process.  <http://www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/> | | | | |