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PRISM Guidance for Groin Hernia Management and Referral from Primary Care

Presenting complaint

- Clinically apparent primary or recurrent groin hernia.

Imaging required

- None required for a clinically apparent or presumed clinically apparent primary hernia.
- None required for a clinically apparent recurrent hernia.
- If there is doubt regarding a possible recurrence then an USS can be arranged from primary care.

Indications for referral

a. Patient wishes to undergo surgery.
b. Patient is unsure after discussion with GP and accessing community based resources and wishes further discussion about surgical options.

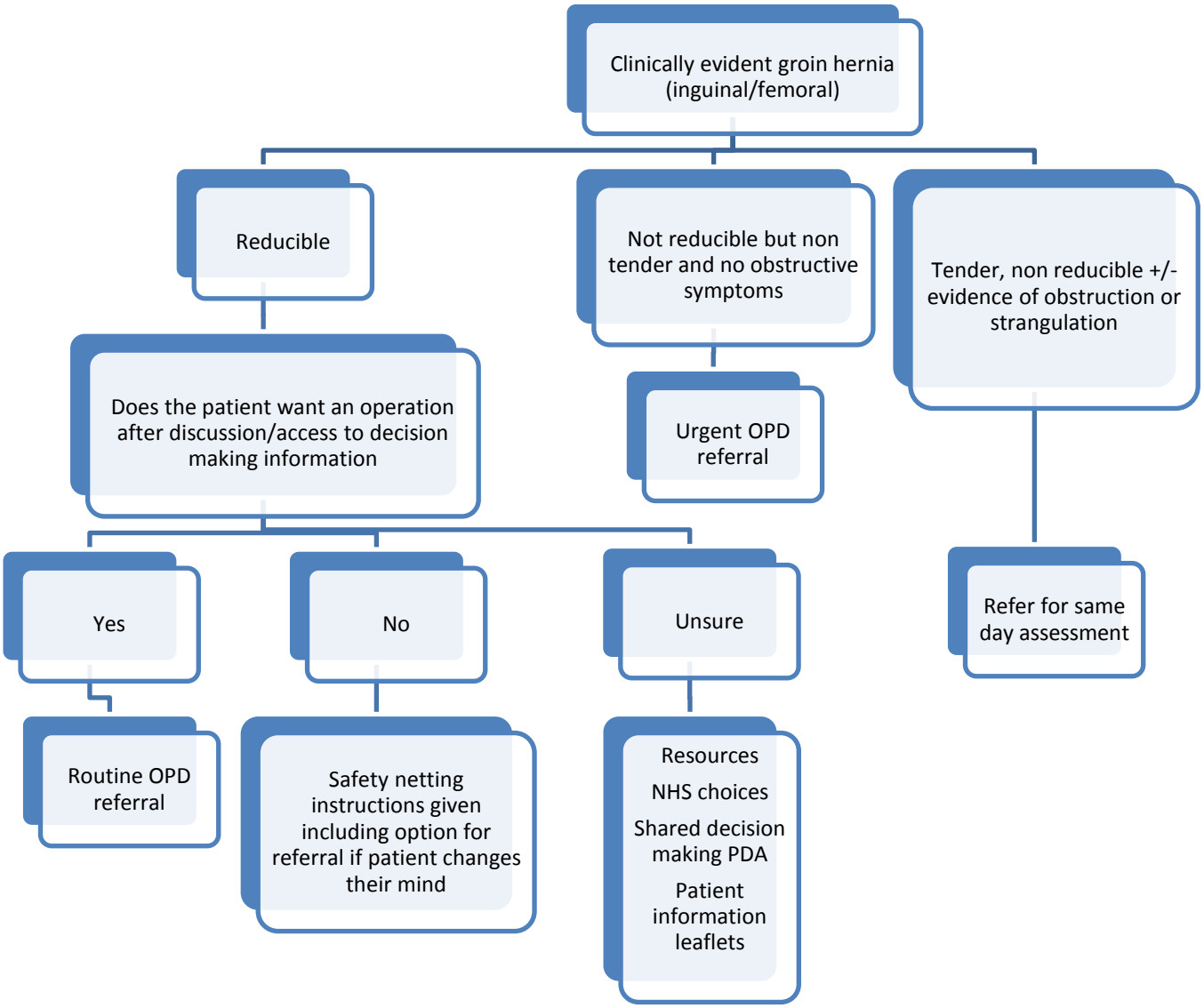
Contraindications for referral

a. Patient does not want a surgical repair having been given adequate information to make a decision.
b. The patient has multiple comorbidities with a minimally symptomatic hernia and does not wish to consider a repair.

Resources available for patients

Below is a list of suitable patient information resources that can be used to aid decision making and be available via PRISM.

a) NHS Choices Website http://www.nhs.uk/conditions/Hernia/Pages/Introduction.aspx
b) UHL patient information leaflets (to be made available via PRISM)
c) NHS England Shared decision making PDA (to be made available via PRISM).



Imaging in Inguinal Hernia and Groin pain

The diagnosis of an inguinal hernia is primarily a clinical diagnosis. A small hernia that is not clinically apparent is unlikely to be clinically significant.

Any groin imaging in primary assessment should be reserved for patients who have had surgical assessment in secondary care and there remains doubt over the presence of a primary hernia, this is supported by NICE and the Association of Surgeons of Great Britain and Ireland.

When imaging is performed it should be performed by appropriately trained healthcare professionals as the sensitivity and specificity for groin hernia assessment using USS varies from 33% to >90% and 0% to >90% respectively dependent on the operator.

If an inguinal hernia is not clinically apparent then other causes for pain, including genitourinary and musculoskeletal causes need to be considered in the differential diagnosis before referral to secondary care for GI surgery assessment.

Appendix 1

Lumbar spine

Hip pathology	Degenerative joint disease
	Femeroacetabular impingement
	Stress/avulsion fractures
	Labral tear
	Loose bodies
	Perthes disease / slipped epiphysis
Athletic Injuries	Osteitis pubis
	Adductor strain
	Bursitis
	Sportsmans hernia
Genitourinary	Ovarian cyst/torsion
	Varicoceles
	Prostatitis
	UTI
Gastrointestinal	Inguinal/femoral hernia
	Obturator hernia