

# Hernias (Surgical repair of)

## Commissioning Statement

Version 0.1 (9 February 2026)

### Criteria

1. Referral and/or surgical intervention in the management of a variety of hernias is routinely commissioned in the following circumstances:-

#### 2. All hernias

- Any hernia accompanied by signs or symptoms of **strangulation or obstruction** is an **EMERGENCY** referral
- Any hernia which is **irreducible and symptomatic** is an **URGENT** referral.

#### 3. Groin hernia (inguinal or femoral)

- *Any grade* of groin hernia (inguinal or femoral) *in women* is an **URGENT** referral.
- *Minimally symptomatic inguinal* hernia *in men* is a **ROUTINE** referral to determine the appropriateness of watchful waiting and subsequent management.
- *Symptomatic and reducible inguinal* hernia *in men* is a **ROUTINE** referral.

#### 4. Ventral hernia (Incisional, umbilical or epigastric)

- *Minimally symptomatic ventral (umbilical & epigastric)* hernia *in men or women* is a **ROUTINE** referral to determine the appropriateness of watchful waiting and subsequent management.
- *Symptomatic ventral (incisional)* hernia *in men or women* which is markedly affecting their daily quality of life is an **URGENT** referral.

### Please note

Referral doesn't guarantee funding as the final decision to elect for surgery (which depends on presentation and suitability) will be taken by the surgeon and patient.

### **Notes for clinicians:**

1. When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.
2. Treating clinicians can submit an Individual Funding Request, also known as an IFR,

outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the [Greater Manchester IFR Operational Policy](#).