

Madigan Army Medical Center

Referral Guidelines

Hernia

Diagnosis/Definition

- An abnormal protrusion (swelling) of a body part through a natural or surgically created area of weakness in a muscle or fascial wall. Common subtypes are:
 - **INGUINAL** (groin): swelling in the upper scrotum or prepubic area.
 - **UMBILICAL**: hernia through the umbilical ring.
 - **INCISIONAL**: swelling and weakness in the area of a prior surgical incision.
 - **EPIGASTRIC**: swelling in the midline between the umbilicus and the xyphoid.
 - **VENTRAL**: swelling anywhere in the anterior abdominal area (overlaps with umbilical and epigastric hernias, but also includes less common abdominal wall hernias, such as SPIGELIAN).

Initial Diagnosis and Management

Diagnosis is made on basis of history of swelling of area in question, usually confirmed by the presence of a physically evident protrusion, which normally increases with straining and becomes less prominent when the patient is recumbent and relaxed.

Ongoing Management and Objectives

- Any of the hernias as defined above may be managed non-operatively pending surgical consultation.
- In general, no urgent condition exists if the hernia is **REDUCIBLE** or **ASYMPTOMATIC EXCEPT FOR ITS PRESENCE**.
- Most hernias can be reduced with gentle pressure with the patient recumbent.
- Most **EPIGASTRIC HERNIAS** are non-reducible, but usually cause few symptoms.

Indications for Specialty Care Referral

- There is no non-operative correction of hernias. Suspected or obvious symptomatic hernias concerning to the patient should be referred for specialty opinion to the General Surgery Clinic.
- All adults, regardless of age, are referred to the General Surgery Clinic.
- All children and adolescents under the age of 16 should be referred to the Pediatric Surgery Clinic.
- Pediatric-age umbilical hernias: In patients less than 6 months, surgical referral is not necessary, unless there is concern for incarceration, which is rare in this age group. In patients over 6 months, although spontaneous closure is possible, surgical referral for an opinion is advised since decision-making is influenced by size of the umbilical defect.

Criteria for Return to Primary Care

For patients recovering from surgical repair, the patient will be followed in General Surgery until the wound is adequately healed and patient discharged from surgical care (approximately two weeks in the absence of complications).

Last Review for this Guideline: **January 2011**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator