

Day Case Inguinal Hernia Repair Pathway

Key Points

- This is the standardised cross site Frimley Health NHS Foundation Trust day case inguinal hernia repair pathway in accordance to the Getting it Right First Time directive. The pathway was put together by the Upper GI surgery and Anaesthetics department in FHFT, to ensure patients receive the best care for the best outcomes first time. This pathway encompasses pre-operative work up, surgical and anaesthetic technique, pharmacy and discharge guidance including preventing and managing post operative urinary retention.

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Abbreviations

EHS	European Hernia Society
GIRFT	Get It Right First Time
IPPS	International Prostate Symptoms Score
IPPV	Intermittent positive-pressure ventilation
SGD	Supraglottic Device
TAP block	Transversus Abdominis Plane Block
TAPP	Trans-abdominal pre-peritoneal repair
TEP	Total extra-peritoneal repair
TIVA	Total extra-peritoneal repair

PATIENT SELECTION	Standard GIRFT day case criteria
PRE-OPERATIVE ASSESSMENT	EHS Classification assessed (see appendix 1)
Considerations for early surgery on operation list	1. Age > 60 years 2. Bilateral inguinal hernia surgery 3. Obesity 4. Laparoscopic surgery
Anaesthetic technique	IV fluid max 1L Routinely anti-emesis (iv ondansetron 4mg and iv dexamethasone 6.6mg) Maintain normothermia Antibiotics as per Trust guidelines before incision Laparoscopic Hernia Repair Short acting GA: TIVA recommended Intubation or SGD and IPPV ventilation (air/O2 only) Minimize opioids (fentanyl recommended) Open Hernia Repair GA (see above) or short acting spinal anaesthesia Consider ilioinguinal/TAP block/surgical infiltration (bupivacaine max dose 2mg/kg)
Surgical techniques	Options: 1. Open hernia repair with mesh 2. Laparoscopic totally extra-peritoneal repair (TEP) 3. Trans-abdominal pre-peritoneal repair (TAPP) Women: Laparoscopic primary repair Ensure site marked Local anaesthesia infiltration prior to port insertion for laparoscopic repairs (bupivacaine max dose 2mg/kg in any 4-hour period)

Perioperative analgesia	Pre-operative analgesia Oral Paracetamol+/-NSAIDs* Intraoperative iv fentanyl (avoid long acting opioids) +/- NSAIDs codeine Or tramadol Rescue: iv fentanyl +/- oral morphine *unless contraindicated, caution renal impairment
Take home medication	Anticipated pain category Class D Paracetamol 1g QDS (32 tablets 500mg) Ibuprofen 400mg QDS (24 tablets 400mg) Codeine 30-60 mg QDS (28 tablets 30mg) Omeprazole 20mg OD (28 capsule 20mg) Ondansetron 4 mg TDS (6 tablets 4mg) Macrogol 1 sachet BD (20 sachets) If NSAIDs contraindicated: Paracetamol 1g QDS (32 tablets 500mg) Morphine sulphate oral solution 10-20mg QDS (bottle 10mg/5ml 100ml) Ondansetron 4mg QDS (6 tablets 4mg)
Discharge	Nurse led discharge Early mobilization, oral intake Follow bladder management protocol if unable to pass urine Venous thromboprophylaxis as per protocol
Anticipated Day Case Rate	85-90%

Appendix 1: EHS Classification

See Miserez, M. *et al.* (2007) 'The European Hernia Society groin hernia classification: simple and easy to remember', *Hernia*, 11(2), pp. 113-116.

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Full version control record

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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.

If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1.0	05/04/2023	Dr Irmina Bukowska Consultant Anaesthetist	Final	Based on national GIRFT pathway.
1.1	February 2024	Miss J El Kafsi	Interim	Add link to EHS classification article as Appendix 1

Related Documents

Document Type	Document Name
GIRFT Guidelines	National Day Surgery Delivery Pack Version 1.0 December 2020