

NICE implementation uptake report: laparoscopic surgery for inguinal hernia repair

NICE implementation uptake reports provide information on national trends and activity associated with technologies recommended in NICE guidance.

Overview

This is an update to a previous report. Since the last assessment, the number and percentage of inguinal hernia repairs performed using laparoscopic surgery has continued to increase in NHS hospitals in England (figure 1). In the 12 months to March 2007, the percentage of inguinal hernia repairs recorded as performed using the laparoscopic approach was 13.80% (table 1). The upwards trend is consistent with the direction anticipated by the NICE guidance. Expert opinion indicates an upper limit of 40% of cases treated laparoscopically. Local organisations should consider referring to the NICE audit criteria to assess their performance in this area.

Laparoscopic surgery for inguinal hernia repair (surgical procedures)

'Laparoscopic surgery for inguinal hernia repair' NICE technology appraisal 83 (September 2004). The current NICE guidance recommends laparoscopic surgery as one of the treatment options for the repair of primary, recurrent and bilateral inguinal hernia.

This guidance replaces NICE technology appraisal 18 (January 2001). The previous guidance recommended that open (mesh) should be the preferred option for repair of primary inguinal hernia and laparoscopic surgery should be considered for repair of recurrent and bilateral inguinal hernia.

Surgical procedures: England

This report provides information on surgical procedures for repair of inguinal hernia carried out in hospitals in England. The figures are obtained from the Hospital Episode Statistics (HES) national data warehouse which is maintained by the NHS Information Centre. Table 1 shows the number of Finished Consultant Episodes (FCEs) for repair of inguinal in England in 2006/2007.

Table 1 Finished Consultant Episodes for repair of inguinal hernia and % with laparoscopic surgery in 2006/2007

OPCS-4 Classification		Number of procedures	Number of procedures with laparoscopic surgery	% with laparoscopic surgery
T20	Primary repair of inguinal hernia	67,704	8,989	13.28%
T21	Repair of recurrent inguinal hernia	5,457	1,108	20.30%
-	Primary and recurrent	73,161	10,097	13.80%

Source: Hospital Episode Statistics (HES), The Information Centre for Health & Social Care

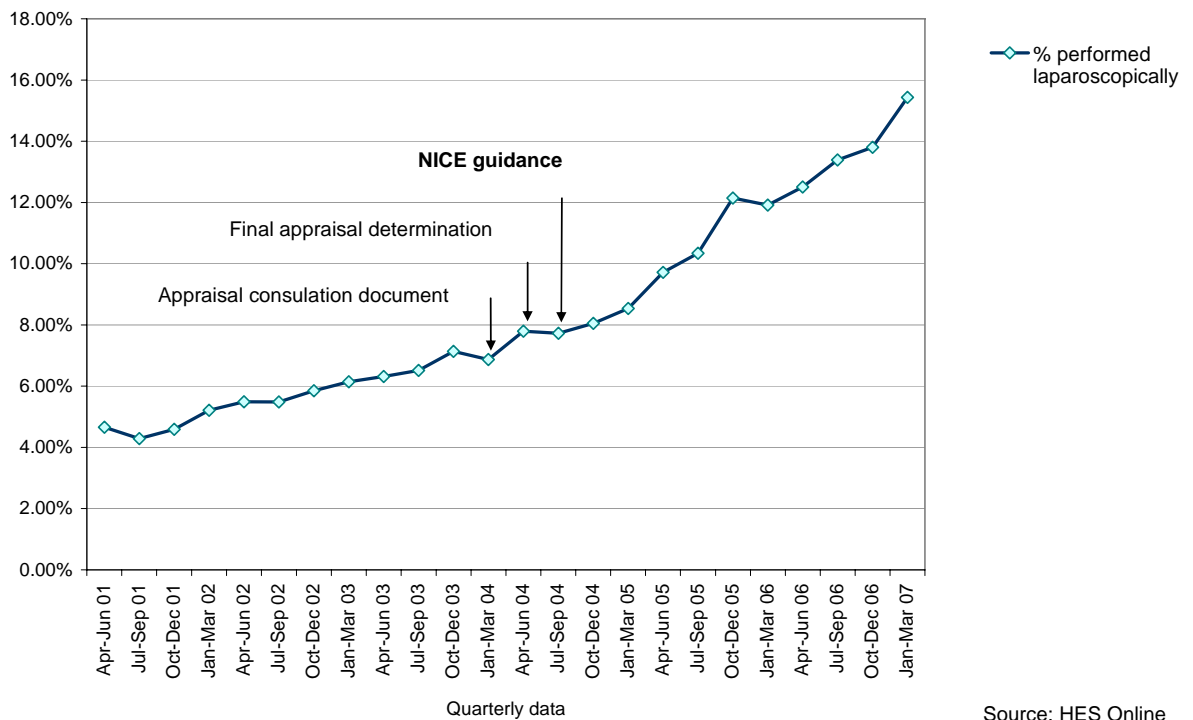
Notes

1. The figures do not represent the number of patients, as one person may have several operations within the year.
2. Repair of inguinal hernia is identified where OPCS procedure codes T20 and T21 appeared as the main operation.
3. Laparoscopic surgery is identified where OPCS subsidiary classification code Y508, Y751, Y752, Y753, Y754, Y755, Y758 and Y759 appeared in any of the secondary procedure codes (see [appendix 1](#) for further information).

OPCS-4 (Office of Population, Censuses and Surveys: Classification of Surgical Operations and Procedures, 4th Revision) - records details of any operations performed, e.g. hip replacement, inguinal hernia repair.

Hernia repair is a high volume procedure. In 2006/2007 there were 73,161 Finished Consultant Episodes recorded where the main operation was surgical repair of inguinal hernia. Of these, 13.80% were identified as being performed using the laparoscopic approach. The percentage of repairs performed laparoscopically for primary repair was 13.28% and 20.30% for recurrent repair. The number and percentage of repairs recorded as being done laparoscopically is increasing, as shown from the quarterly trend in figure 1.

Figure 1 percentage (%) of primary and recurrent hernia repairs performed laparoscopically



Source: HES Online

The NICE guidance recommends that laparoscopic surgery for inguinal hernia report should only be performed by surgeons who have completed appropriate training in the technique, and who perform this procedure often enough to maintain competence.

The main rate limiting factor in uptake is the number of experienced surgeons skilled in this technique. Another factor to take into account is patient choice; the NICE guidance recommends that patients should be fully informed about the risks of each of the types of surgery.

Based on expert opinion, the NICE guidance suggested the uptake of laparoscopic hernia repair would potentially reach 20% with an upper limit of 40%. The upwards trend is consistent with the direction anticipated.

Appendix 1: change to OPCS4 coding for laparoscopic surgery via abdominal cavity

A new version of OPCS codes was developed by NHS Connecting for Health to reflect changing clinical practice and this was implemented in April 2006 - this new version is called OPCS4.3. All existing codes will remain, as will the current format and look and feel of OPCS-4.2. When using HES, care should therefore be taken when looking at procedures and interventions, in particular when using groups of codes as new codes and interventions have been introduced. More information on the change in classification of operations is available from: www.connectingforhealth.nhs.uk. Note that further developments have been made to the OPCS codes used in 2007-08 and quarterly 2007-08 data uses OPCS4.4.

List of OPCS4 codes for laparoscopic surgery relating to colorectal resections

OPCS 4.2	OPCS 4.3	OPCS 4.4	Description
Y50.8	Y50.8	Y50.8	Other specified approach through abdominal cavity
Y50.8	Y75.1	Y75.1	Laparoscopically assisted approach to abdominal cavity
Y50.8	Y75.2	Y75.2	Laparoscopic approach to abdominal cavity NEC
Y50.8	Y75.3	Y75.3	Robotic minimal access approach to abdominal cavity
Y50.8	Y75.4	Y75.4	Hand assisted minimal access approach to abdominal cavity
Y50.8	Y75.5	Y75.5	Laparoscopic ultrasonic approach to abdominal cavity
Y50.8	Y75.8	Y75.8	Other specified minimal access to abdominal cavity
Y50.8	Y75.9	Y75.9	Unspecified minimal access to abdominal cavity

Definitions of data used in this report

Hospital episode statistics

Hospital Episode Statistics (HES) is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis. It contains admitted patient care data from 1989 onwards.

The information in this uptake report comes from the HES Interrogation System which is an online version of the data. The NHS Information Centre maintains the system.

Finished Consultant Episode (FCE): The FCE is a period of admitted patient care under one consultant within one healthcare provider. The figures do not represent the number of patients, as a person may have more than one episode of care within the year.

Main operation: The main operation is the first recorded operation in the HES data set and is usually the most resource intensive procedure performed during the episode.

Secondary operation: As well as the main operative procedure, there are up to 11 secondary operation fields in Hospital Episode Statistics (HES) that show secondary or additional procedures performed on the patient during the episode of care.

Publication date

This uptake report was last updated in February 2008

Previous update(s): August 2007