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## PRESS RELEASE

# NICE updates guidance on laparoscopic surgery for hernia

The National Institute for Clinical Excellence (NICE or 'the Institute') has today issued updated guidance to the NHS in England and Wales on the use of laparoscopic surgery for hernia. The Institute reviews each piece of guidance it issues and today's guidance replaces Technology Appraisal Guidance No. 18 issued in January 2001. The review has resulted in a change in the guidance. Specifically there has been:

- a recommendation that laparoscopic surgery is one of the treatment options for the repair of inguinal hernia
- a recommendation that patients should be fully informed of all the risks and benefits of open and laparoscopic surgery by either the transabdominal preperitoneal (TAPP) or totally extraperitoneal (TEP) approaches, to enable them to choose between the procedures. In particular, the surgeon should consider the following points in discussions with the patient:
  - the individual's suitability for general anaesthesia
  - the nature of the presenting hernia (that is, primary repair, recurrent hernia or bilateral hernia)
  - the suitability of the particular hernia for a laparoscopic or an open approach
  - the experience of the surgeon in the three techniques.

A hernia occurs when part of an organ moves out of its normal position through a weakness in the surrounding wall of muscle or tissue. When this happens in the groin, it is called an inguinal hernia. Most inguinal hernias happen in men (98 out of 100 people who develop a hernia in their groin are male). As many as 3 out of 10 people who get a hernia on one side of their groin will go on to develop a second hernia on the opposite side. The most common way to repair an inguinal hernia is through 'open' surgery, where a cut is made in the muscular wall of the patient's abdomen. The hernia is usually repaired using a special mesh to reinforce the weakened muscle.

In laparoscopic (or 'key hole') surgery, the hernia is repaired through a few small incisions instead of making a large incision in the muscular wall of the abdomen. Very small cuts are made in the patient's abdomen and a fine flexible telescope (a laparoscope) and other specialised instruments are inserted through these cuts. Usually, a piece of synthetic mesh is used to close the hernia and stop the intestine pushing through the muscle wall again.

There are two main types of laparoscopic hernia repair. In transabdominal preperitoneal (TAPP) hernia repair; the repair is performed by inserting instruments through the abdominal wall and through the membrane that lines it (called the peritoneum) that encloses the abdominal organs. A flap of the peritoneum is peeled back over the hernia, and mesh is used to cover the problem area in the abdominal wall. The totally extraperitoneal (TEP) approach is the newest keyhole technique. In this method, the hernia is repaired without entering the peritoneal cavity. This approach is more difficult to do, but there may be less risk of damaging organs in the abdomen.

**Professor Peter Littlejohns, clinical director and executive lead for this appraisal** said : "The Institute reviews all its guidance to ensure that we take account of any new research or changes in clinical practice. In reviewing guidance we follow the same consultative approach as in the original process, seeking submissions from and consulting with, patient organisations, health professionals and manufacturers. In this re-appraisal we were provided with new evidence on both the clinical effectiveness and the cost effectiveness of laparoscopic surgery for hernia and so following advice from the independent committee which considered all the new evidence and comments, the Institute decided to change part of the guidance".

## ENDS

### Notes to Editors

#### About the NICE guidance on laparoscopic surgery for hernia

1. The **old** NICE guidance on laparoscopic surgery for hernia, Technology Appraisal No. 18, issued in January 2001, can be found at <http://www.nice.org.uk/page.aspx?o=20670>
2. A quick reference version of the **new** guidance is available on the NICE website at [www.nice.org.uk/TA083quickrefguide](http://www.nice.org.uk/TA083quickrefguide). The full guidance is also available on the NICE website at [www.nice.org.uk/TA083guidance](http://www.nice.org.uk/TA083guidance)

#### About NICE

3. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit [www.nice.org.uk](http://www.nice.org.uk).
4. NICE produces guidance in three areas of health:
  - the use of new and existing medicines and treatments within the NHS in England and Wales technology appraisals.
  - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
  - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
5. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
6. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.