

Guidance document for processing PM-JAY packages

Femoral and Obturator Hernia

Procedures covered: 3

Specialty: General Surgery (Femoral)
General/Pediatric Surgery (Obturator)

Package name	Procedure	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Groin Hernia Repair	Femoral - Open	S100075	SG050C	14,200 + Implant cost
Groin Hernia Repair	Femoral - Lap	S100075	SG050D	14,200 + Implant cost
Groin Hernia Repair	Obturator - Open or Lap.	New Package	SG050E	20,000 + Implant cost

ALOS: 2-3 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (in Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Groin Hernia Repair**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

FEMORAL HERNIA

Herniation of intra-abdominal contents through the femoral canal is described as femoral hernia. Femoral hernias are located inferior to the inguinal ligament and protrude through the femoral

ring, which is medial to the femoral vein and lateral to the lacunar ligament. Women are more often involved, as compared to men with the ratio being 2:1, which is doubled in parous women. Femoral hernia is the third most common type of hernia in woman. Commonly the hernia is unilateral, the right side being affected more often than the left side.

Presenting symptoms:

- The most common mode of presentation is a recurrent painless variable dimension lump in the upper part of the groin on the medial side of the thigh. Typically, the swelling is below and lateral to the pubic tubercle (inguinal hernia is above and medial to pubic tubercle)
- A common symptom associated with hernia is a heaviness or dull discomfort in the groin, which may or may not be associated with a visible bulge
- Groin hernias in women can also result in vague pelvic discomfort
- Moderate-to-severe pain with hernias is unusual and, when present, should raise the possibility of incarceration or strangulation. For patients who present with nausea, vomiting, and abdominal distention associated with a history of groin pain or mass, bowel obstruction due to bowel incarceration or strangulation should be suspected

Diagnosis

Diagnosis of hernia is purely clinical, investigations are required where diagnosis is inconclusive or for evaluation of associated conditions. USG- local part for defect.

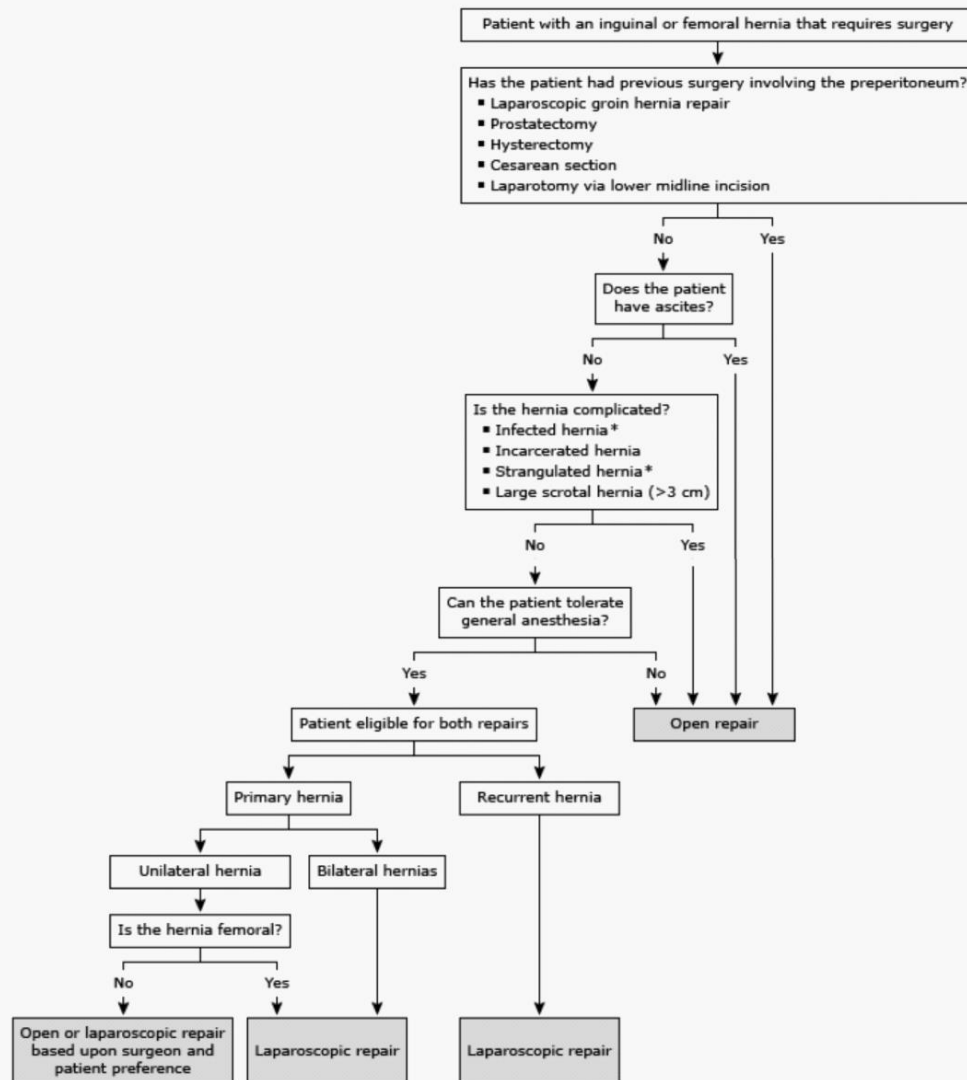
In majority of cases, a diagnosis of inguinal or femoral hernia can be made based upon history and physical examination, without the need for further studies

Management

The definitive treatment of all hernias, regardless of origin or type, is surgical repair. Femoral hernias are associated with a high risk of complications, and therefore early elective surgical repair is indicated. In some cases, femoral hernia may be diagnosed during surgery.

- Low operation of Lockwood
- Inguinal operation
- Combined approach: High operation of McEvedy
- Henry's approach

Choosing a surgical approach (open versus laparoscopic) for groin hernia repair



* Hernias with active infection or contamination require an open repair without the use of mesh; a tension-free mesh repair is recommended for all other hernias.

David C Brooks. Overview of abdominal wall hernias in adults - UpToDate. last updated: October, 2018

OBTURATOR HERNIA

Obturator hernias are the protrusion of the abdominal contents through the obturator foramen. This hernia occurs through the obturator canal which is bounded above by the superior ramus of pubis and below by the sharp edge of the obturator membrane. As the hernia is covered by the pectineus muscle, it is often overlooked.

Clinical features

- The most common presentation is acute intestinal obstruction with strangulation (80%). Recurrent attacks of intestinal obstruction which get resolved spontaneously is also common
- Can present as only pain in the knee (Howship-Romberg sign)
- Due to strangulation and blood in the hernial sac bruising is seen below the medial edge of the inguinal ligament
- A few patients (20%) complain of palpable hernial mass in the groin
- For women, per vaginal examination can reveal a tender lump on the lateral side of the vault
- The patient may undergo surgery for obstruction, and the obturator hernia is diagnosed during surgery

Diagnosis

Obturator hernias may be initially confused with femoral hernias but can also occur in conjunction with femoral hernia. When a clinical diagnosis is uncertain, CT, ultrasound, or magnetic resonance imaging (MRI) can be used for confirmation.

Management

The treatment of obturator hernia is surgical repair. Patients with an incarcerated obturator hernia causing small bowel obstruction require urgent surgical repair to avoid strangulation/bowel gangrene. Non-strangulated obturator hernias should also be repaired to prevent future complications.

Obturator hernias can be repaired via transperitoneal (open or laparoscopic), obturator, or inguinal approaches. For patients with bowel obstruction, a transperitoneal approach is preferred. Since majority of the cases present with intestinal obstruction and strangulation, a lower laparotomy is done.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Groin Hernia Repair
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for implant as applicable, and planned line of management	Yes
Ultrasound/CT/MRI of the groin (for obturator hernia diagnosed preoperatively)	Yes

ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Implant details – barcode/invoice (if applicable)	Yes
Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR IT

3.1 Objective: To enable setting up of cross check mechanisms / rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups (PPD):

- I. Was the clinical evaluation ± imaging indicative of surgery? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

- a. David C Brooks. Overview of abdominal wall hernias in adults - UpToDate. last updated: October, 2018
- b. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.