

	State of Indiana Indiana Department of Correction	Effective Date	Page 1 of	Number
<b>HEALTH CARE SERVICES          DIRECTIVE-ADULT          Manual of Policies and Procedures</b>		4/1/2022	3	3.02A

Title <b>HERNIA MANAGEMENT GUIDELINES</b>
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Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
Indiana Code 11-10-3	01-02-101	ACA Health Services Standards

## I. PURPOSE:

This Health Care Services Directive (HCSD) is intended to serve as a method of decision support and reference for the clinicians with information regarding the medical management of hernias in the incarcerated population of the Department. A hernia is a protrusion of a viscous (hernia sac) through an opening in the wall of the cavity (hernial orifice) in which it is contained. A hernia is reducible when the protruded viscous can be returned to the cavity and is a non-reducible hernia when it cannot be returned to the cavity. A non-reducible hernia is also referred to as an “incarcerated hernia.” Clinically, incarcerated hernias most commonly are not on the verge of becoming strangulated hernias. A strangulated hernia (a surgical emergency) is one in which the vascularity of the non-reducible hernia is compromised, usually at the neck of the hernia sac. Strangulated hernias most likely occur in situations involving small hernial orifices and relatively voluminous hernia sacs. It is recognized that the outcome of hernia surgery is very surgeon-dependent and perfect results continue to elude surgeons.

## II. PROCEDURE:

- A. Reducible hernias shall be evaluated for potential referral for a treatment consultation and hernia care recommendation(s) after an unsuccessful trial of non-surgical (conservative) management is conducted with the cooperation of the patient, unless the hernia defect is small and the sac voluminous is making it high risk.
- B. The clinician shall perform patient evaluation(s) to determine the necessity for off-site consultation and for referral requests to the Utilization Management department, Health Services vendor’s Regional Medical Director or Associate Regional Medical Director. The clinician shall record in the patient health record an accurate and complete history concerning the hernia condition and the results of physical examinations. If a referral is medically necessary, the

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.02A	Effective Date 4/1/2022	Page 2	Total Pages 3
Title <b>HERNIA MANAGEMENT GUIDELINES</b>			

findings of the examinations shall be reported to the Health Services vendor's Regional Medical Director, or designee with the request.

- C. In the case of reducible hernias, the clinician and contracted Regional Medical Director, in the exercise of reasonable medical judgment, shall consider credible indicia of the following factors, either singularly, or in combination, before seeking and approving an off-site consultation and surgical consideration:
  1. Whether the patient is suffering from pain; and,
  2. The patient's current ability to perform necessary activities of daily living in a prison environment.
- D. The clinician and Health Services vendor's Regional Medical Director, in the exercise of reasonable medical judgment, shall also consider credible indicia of the following factors before seeking and approving an off-site consultation and surgical consideration:
  1. The patient's age, general physical and behavioral health, and pre-hernia activities of daily living;
  2. The degree of risk that the hernia will become incarcerated or strangulated;
  3. The presence of other circumstances or conditions increasing the risk of harm to the patient's health if a surgical repair is not attempted;
  4. The presence of other circumstances or conditions increasing the risk of harm to the patient's health if a surgical repair is attempted;
  5. The substantial likelihood that the patients will cooperate with the Health Services staff and follow reasonable instructions concerning personal hygiene, wound care, and activity levels in the pre-operative and post-operative periods and including the ability to provide informed consent;
  6. The likelihood of recurrence of the hernia after surgical repair; and,
  7. Any other pertinent and articulable medical and social factors in determining whether a request for referral is appropriate.
- E. Surgical repair of reducible hernias unnecessarily involves risks of serious bodily injury, incapacity, or death. The on-site Health Services staff and the

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b> Indiana Department of Correction <b>Manual of Policies and Procedures</b>			
Number 3.02A	Effective Date 4/1/2022	Page 3	Total Pages 3
Title <b>HERNIA MANAGEMENT GUIDELINES</b>			

Health Services vendor's Regional Medical Director shall consider all reasonably ascertainable factors during the hernia referral evaluation process in order to promote the overall health of the patient. The Health Services vendor's Regional Medical Director may obtain additional evaluations and consultation referrals before deciding whether to approve the referral request.

III. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date