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OG-045 AMBULATORY HERNIA SURGERY IN PRIMARY CARE

N. Kumaran¹, S. Bylapudi¹, S. Kirmani², G.L. Hodgson², A. Tennakoon², M. Rao²

¹General Surgery, Northampton General Hospital NHS Trust, Northampton, United Kingdom

²General Surgery, United Lincolnshire Hospitals NHS Trust, Boston, United Kingdom

Background: Approximately 100,000 hernia repairs are performed in the UK annually, the vast majority in hospital usually under general anaesthetic. Due to increased pressure on hospital facilities especially after the COVID-19 pandemic the waiting times for non-emergency surgery for benign conditions has increased. This study outlines the development and feasibility of a dedicated ambulatory primary care hernia service and examines the outcomes achieved between November 2018 and November 2021.

Methods: We prospectively analysed records of 212 patients who underwent hernia repair in a primary care centre during the above period. Inclusion criteria were a) BMI<35 b) uncomplicated inguinal or umbilical hernia c) non recurrent hernia. The techniques used were Lichtenstein mesh repair for inguinal hernias and a primary sutured repair for ventral hernias. All procedures were performed as day-cases under local anaesthesia without sedation. All patients were telephoned by a healthcare professional a day after their operation. The primary outcomes of the study were length of stay, immediate complications and the secondary outcome was cost effectiveness.

Results: The median length of post-operative stay was 26 minutes. Complications were low and seen only in 5 patients and managed conservatively. The cost of hernia repair in primary care in UK is only £1012 when compared to £1800 in an NHS hospital.

Conclusion: Routine elective abdominal wall hernia repairs can be performed in a primary care setting, safely, with good clinical outcomes and clear economic benefits. However, this depends on the availability of surgeons and adequate funds to establish the service.