

## Client Services Procedure Manual

**Procedure: 16.00**  
**Subject: Hernia Conditions**

### 16.00 Introduction

A hernia is the protrusion of a loop or knuckle of an organ or tissue, through an abnormal opening in the tissues that normally contain it.

Increased intra-abdominal pressure is a major etiological factor in the development of all acquired herniae and is the precipitating cause in the development of the indirect inguinal hernia, in spite of the existence of a congenital sac. Gradually increasing and steady pressure is not as likely to produce a hernia, as are repeated and sudden surges of increase pressure as in coughing or an extreme muscular effort, especially when associated with the element of surprise.

The most common type of hernia is the indirect inguinal hernia. This is nine times more common in the male, than in the female because of the embryological descent of the testes. Direct inguinal hernia is a rarity in the female, possibly because the posterior inguinal wall has a much heavier aponeurotic layer in the female, than in the male, presumably because of the difference in the inclination in the pelvis and the common occurrence of increased intra-abdominal pressure due to pregnancy. Adult umbilical herniae are two to three times more common in the female because of the element of pregnancy.

### 16.01 Direct and Indirect Inguinal Hernia

#### Criteria for Acceptance

- a) There must be a record of increased intra-abdominal pressure of the degree greater than that likely to be sustained in ordinary activity, or trauma resulting from work preceding the appearance of a hernia. Repeated and sudden surges of increased pressure are more likely to be etiological factors in its development, than a gradually increasing and steady pressure.
- b) The appearance of the hernia should follow the incident within a reasonable time frame of not more than 72 hours.
- c) There should be no pre-existing hernia at the same site immediately predating the accident. If there is evidence that there was a pre-existing hernia at the same site the decision-maker should consult with WorkplaceNL's Medical Consultant.
- d) Pre-operative time lost from work is usually not more than two weeks. If the worker is off work longer than two weeks prior to the surgery, WorkplaceNL's Medical Consultant may be consulted to determine if lost time is warranted due to the strenuous nature of the work or the severity of the injury.
- e) Post-operative time lost from work is usually limited to six weeks. Lost time from work may be extended where there is written medical evidence of complications which justify the extension of the period.
- f) The hernia will be recognized as an aggravation of a pre-existing condition.

**16.02 Other forms**

Claims for other herniae, such as hiatus, epigastric, incisional, femoral, umbilical, diaphragmatic and other internal hernia are not compensable except in unusual circumstances. Claims for these types of hernias will require the opinion of WorkplaceNL's Medical Consultant before they are adjudicated.

**Reference:** *Policy EN-05 Hernia Conditions*

**Amendment History**

<i>Original Effective Date</i>	1998 12 18
<i>Revision #1</i>	2009 01 27