

### 832 Groin Hernia Should Remain A Clinical Diagnosis – An Evidence-Based Study

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**Introduction:** British Hernia Society (BHS) 2013 guidelines<sup>1</sup> suggest that groin hernia diagnostic investigation should not be done at the primary care level. Nevertheless, General Practitioners refer patients with a positive ultrasound finding of groin hernia to secondary care. As a result, patients have false hopes that their symptoms would resolve if the ultrasound finding is addressed. The study aims to find the positive predictive value (PPV) for groin ultrasound for hernia and should the primary care physicians request the scan before referral to secondary care.

**Method:** A retrospective audit of outcome of patients referred to a general surgical department for groin hernia treatment. The study looked at elective groin hernia referrals for the period between June and August 2019.

**Results:** 127 patients were electively treated for groin hernia in secondary care. 40% of the patients had ultrasounds before treatment. The GP requested 78% of the ultrasounds. A positive finding was the reason for the referral. Two patients (5%) in this group had negative operative findings. 24 herniograms over 57 months for patients referred with positive ultrasound and negative clinical findings showed only 2 had positive findings (8%). None of the negative patients returned to the same hospital for groin hernia treatment until date.

**Conclusions:** It is recommended that the diagnostic tests for groin hernia be requested by the operating surgeon as per the BHS guidelines. Patients should not be subjected to hernia operations based on ultrasound findings as the PPV for this investigation is very low for patients who have negative clinical findings.<sup>2</sup>