



Medical schemes must pay in full to sack hernias

'Hernia' is the Latin word for 'rupture', and describes the condition in which part of an organ, most commonly the intestine, is displaced and protrudes through the wall of the cavity containing it. Here is what you are entitled to in terms of treatment for abdominal hernias.

What is a hernia?

A hernia is the protrusion of an organ through the wall of the cavity which is meant to contain it. Hernias are relatively common and affect men, women, and children. There are several types of hernias, classified according to their anatomical location. Examples include abdominal, intracranial, anal, and inguinal hernias. We focus on the most common type of hernia: the abdominal.

What causes a hernia?

Hernias develop for several reasons including the boundary of the compartment is weak or weakened, increased pressure in the compartment where the organ resides, and mechanical causes.

Factors and illnesses that can weaken the abdominal wall

- **genetic propensity:** if either or both of your parents had or have a hernia, you are more likely to develop one;
- **age:** the older you are, the higher your risk of developing a hernia;
- **Ehlers-Danlos Syndrome:** this is a group of uncommon genetic disorders which affect both humans and domestic animals they are caused by a defect in collagen synthesis or the production of new collagen;
- **Marfan Syndrome:** a genetic disorder of the connective tissue;
- **previous abdominal surgery:** when healing occurs after surgery that involves cutting the muscle tissue and the fascia, the abdominal wall remains weak and the internal organs may protrude through the weakened wall; and
- **smoking.**

i. Diseases and factors that increase intra-abdominal pressure

- **pregnancy:** the muscles of the mother stretch, making it easier for tissue to poke through the wall of the compartment;

- **benign prostatic hypertrophy:** the prostate gland enlarges, increasing pressure around it;
 - **Ascites:** massive fluid in abdominal cavity;
 - **chronic obstructive lung disease;** and
 - **obesity:** being overweight can considerably increase your risk of developing a hernia.
- ii. **Mechanical causes may include**
- **heavy lifting:** not knowing how to position yourself when lifting weights or other heavy objects can increase your chances of getting a hernia, i.e. rather bend at the knee and not at the waist when lifting heavy objects
 - **coughing:** persistent coughing caused by smoking can cause a hernia to develop, and anything you can do to reduce or eliminate your cough will help enormously. If you smoke, try to give up or at least cut down; and
 - **poor nutrition:** a diet that is high in fibre helps your bowel movements. Constipation, especially if it occurs often, greatly increases the risk of developing a hernia. Eat plenty of fruits, vegetables, and whole grains. Make sure you drink plenty of fluids.

Hernias may present with one or more of the following symptoms depending on the type of hernia:

- Bulge or swelling that can be visible to the eye
- Pain
- Nausea and/or vomiting
- Constipation
- Urinary symptoms such as hesitancy, frequency, burning, frequent infections, and bladder stones
- Hiatus hernia may present with heartburn

What is covered under prescribed minimum benefits (PMBs) for hernias?

Your medical scheme must pay in full for the diagnosis, surgical repair, and bowel resection for all hernias with obstruction and/or gangrene.

What are the complicated hernias in adults?

Pressure on the contents of the hernia may result in obstruction of blood vessels, which results in poor blood supply to the organ (ischaemia) resulting in tissue death (necrosis) and development of the gangrene. This results in severe pain.

Sometimes when the bowel herniates, the contents of the bowel are unable to pass through the hernia resulting in obstruction. Obstructed abdominal hernia results in vomiting, decreased propulsive activity of the bowels, lack of flatulence and defecation. As with any PMB condition, discuss hernias with your medical schemes to confirm all bills will be covered in full.

Learn more about PMBs

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them.

A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment.

PMBs include 270 serious health conditions, any emergency condition and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

How are hernias diagnosed?

- History on presentation; which include the type of symptoms and duration.
- Clinical examination: the doctor will expose your abdomen, observe it and palpate through the tummy. When the hernia is visible he will try to push it in to ascertain if it is reducible. This tests are sufficient to diagnose most.
- Imaging: X-rays maybe used to diagnose diaphragmatic hernias.
- Other tests may include endoscopy , CT scan or ultrasound.

Treatment of Hernias

Majority of abdominal hernias except those with large opening and femoral require surgical repair. Surgical repair is a PMB level of care ONLY if it is obstructed and has gangrene and all costs must be paid in full subject to the following provisions: evidence-based, cost-effectiveness, affordability and use of designated service providers.

If there is no obstruction or gangrene the member must verify how the scheme funds the procedure.

A surgical repair can include open or laparoscopic surgery with a mesh. Schemes can apply managed care protocols to decide which method is cost-effective and what type of mesh they are going to fund. It is the responsibility of the scheme to inform the member what type of mesh and surgery is being approved at PMB level of care. It is the responsibility of the provider to ensure that the type of surgery and mesh approved is used.

References

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The Communications Unit would like to thank Ronelle Smit, Dr Selaelo Mamefja, Dr Boshoff Steenekamp, Cindy Ngcobo, and Annemari van Vuuren for assisting with this edition of CMScript.

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