

New research finds hernia surgery offers value for money

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New research suggesting that elective hernia surgery offers value-for-money and improved quality of life for patients has been published by the *Journal of the Royal Society of Medicine*. The new analysis is based on patients' own assessments of their health-related quality of life together with costs reported by hospitals. The research also indicates that keyhole surgery may offer more health benefit and value for money than open surgery for hernia operations. Recently it has been suggested that the NHS could save money by reducing access to hernia repair surgery.

An inguinal hernia – the most common type – occurs when the bowel or [fatty tissue](#) in the abdomen pokes through the surrounding muscle wall into the groin. It can appear as a swelling in the groin and can be painful, but surgery is not normally required immediately. If the hernia is not operated on, there is a risk that a life-threatening complication known as strangulation can occur, which requires [emergency surgery](#).

Since 2009, hospitals carrying out NHS-funded surgery on [hernias](#), [varicose veins](#), hip and knee replacements have been required to collect data from patients assessing their own health-related quality of life using questionnaires before and after their operations. These assessments, known as patient-reported outcome measures (PROMs), are designed to enable comparisons of the health benefits resulting from different treatments.

Researchers from Imperial College London and The King's Fund used PROMs data to estimate the cost-effectiveness of [open surgery](#) and

keyhole surgery for hernia repair. The results are expressed as a cost per quality-adjusted life year (QALY), a widely-used standard measure of treatment benefit. The results show that hernia surgery appears cost-effective, with an average cost per QALY of £1,881. They also show that patients report greater [health benefit](#) after [keyhole surgery](#) than open surgery. The National Institute for Health and Clinical Excellence (NICE) normally recommends treatments costing up to £20,000 to £30,000 per QALY.

Sophie Coronini-Cronberg, from the School of Public Health at Imperial College London, who led the study, said: "Our results challenge the idea that hernia surgery has low clinical value. Based on what patients tell us about how the treatments help them, it would seem that hernia [surgery](#) not only improves people's lives substantially but also represents good value for NHS spending.

"At present, PROMs are only being collected for a few procedures. We've shown that these reports can allow us to quantify the benefits that patients experience and also estimate the cost-effectiveness of treatments. If the government is serious about producing information on the health benefits of NHS services, then we need to collect more and properly make use of this kind of data."

Professor John Appleby, Chief Economist at The King's Fund and co-author of the study said: "The English NHS is at the forefront of collecting PROMs. This data will prove invaluable to clinicians, managers, researchers and others in analysing health outcomes so that services can be improved for patients."

This analysis follows work at the King's Fund by Prof John Appleby and colleagues estimating the cost per QALY following hip replacement operations and published by the *Journal of the Royal Society of Medicine* alongside the extension of the work to hernia operations.

More information: Application of patient-reported outcome measures (PROMs) data to estimate cost-effectiveness of hernia surgery in England, by Sophie Coronini-Cronberg, John Appleby and James Thompson, will be published online on Wednesday 29th May 2013 by the *Journal of the Royal Society of Medicine*.

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