TITLE: Repair Versus Watchful Waiting for Patients with Minimally Symptomatic Inguinal Hernia: Clinical Effectiveness and Guidelines

DATE: 07 April 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of repairing inguinal hernias compared with watchful waiting in patients with minimal symptoms?

2. What are the evidence-based guidelines for repairing inguinal hernias compared with watchful waiting in patients with minimal symptoms?

KEY FINDINGS

Two systematic reviews and three non-randomized studies were identified regarding the repair of inguinal hernias compared with watchful waiting in patients with minimal symptoms.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2015, Issue 3), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and March 26, 2015. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.
SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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<th>Table 1: Selection Criteria</th>
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<td><strong>Population</strong></td>
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<td><strong>Comparator</strong></td>
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<td><strong>Outcomes</strong></td>
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<td><strong>Guidelines</strong></td>
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<td><strong>Study Designs</strong></td>
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RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two systematic reviews and three non-randomized studies were identified regarding the repair of inguinal hernias compared with watchful waiting in patients with minimal symptoms. No relevant health technology assessments, randomized controlled trials, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Two systematic reviews\(^1,2\) and three non-randomized studies\(^3-5\) were identified regarding the repair of inguinal hernias compared with watchful waiting in patients with minimal symptoms.

One systematic review\(^1\) reported no significant difference in pain scores and general health status when comparing watchful waiting with surgery for asymptomatic inguinal hernias. Some operative complications and a low rate of recurrence were also reported. The authors concluded that both approaches were safe but that most patients would require surgery over time.\(^1\) A second systematic review\(^2\) concluded that patient quality of life was better after one year with surgery when compared with watchful waiting.

A retrospective cohort study\(^3\) that examined the impact of a change in policy from surgery to watchful waiting in patients with asymptomatic inguinal hernias reported a high rate of emergency repair, which was accompanied with a higher risk of adverse events and mortality. Two long-term follow-ups of randomized crossover studies\(^4,5\) reported high rates of surgery over the long-term among patients initially randomized to watchful waiting, and that one of the studies\(^5\) consequently recommended surgical repair in medically fit asymptomatic patients.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


Randomized Controlled Trials
No literature identified.

Non-Randomized Studies


Guidelines and Recommendations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Clinical Practice Guidelines – Unclear Methodology

   See: Symptoms and Diagnosis and Treatment

   See: Eligibility criteria; Inguinal, page 1

   PubMed: PM21299930

Review Articles

   PubMed: PM25293603

    PubMed: PM21183367
    Abstract not available

    PubMed: PM21298308