

Revocation and Determination

of

Statement of Principles

concerning

INGUINAL HERNIA

for the purposes of the

Veterans' Entitlements Act 1986

and

Military Rehabilitation and Compensation Act 2004

1. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 72 of 1998 concerning inguinal hernia; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2.
 - (a) This Statement of Principles is about **inguinal hernia** and **death from inguinal hernia**.
 - (b) For the purposes of this Statement of Principles, **"inguinal hernia"** means a protrusion of contents of the abdominal cavity through that part of the abdominal wall known as the inguinal canal.
 - (c) Inguinal hernia attracts ICD-10-AM code K40.
 - (d) In the application of this Statement of Principles, the definition of **"inguinal hernia"** is that given at paragraph 2(b) above.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **inguinal hernia** and **death from inguinal hernia** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to the relevant service rendered by the person.

Factors

5. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **inguinal hernia** or **death from inguinal hernia** with the circumstances of a person's relevant service is:
 - (a) the presence of increased intra-abdominal pressure within the thirty days before the clinical onset of inguinal hernia; or
 - (b) undergoing radical retropubic prostatectomy before the clinical onset of inguinal hernia; or
 - (c) the presence of increased intra-abdominal pressure within the thirty days before the clinical worsening of inguinal hernia; or
 - (d) undergoing radical retropubic prostatectomy before the clinical worsening of inguinal hernia; or
 - (e) inability to obtain appropriate clinical management for inguinal hernia.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(c) to 5(e) apply only to material contribution to, or aggravation of, inguinal hernia where the person's inguinal hernia was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“anti-G straining manoeuvre (AGSM)” means maximum muscle contraction of all major muscles of the body, in combination with a forced expiration against a closed or partially closed glottis, that increases eye-level arterial blood pressure. This manoeuvre is sometimes referred to as an M-1 or L-1 manoeuvre, and is used by air-crew of high performance aircraft to increase their G tolerance during aerial combat manoeuvres;

“death from inguinal hernia” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s inguinal hernia;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“increased intra-abdominal pressure” means acute or chronic (intermittent or continuous) elevation of pressure within the abdominal cavity due to:

- (a) anti-G straining manoeuvre (AGSM);
- (b) ascites;
- (c) chronic ambulatory peritoneal dialysis;
- (d) coughing;
- (e) extensive intra-abdominal neoplastic disease;
- (f) lifting heavy weights;
- (g) physical trauma to the abdomen involving a direct blow to the abdomen;
- (h) pneumoperitoneum;
- (i) pregnancy;
- (j) sneezing;
- (k) straining at micturation due to bladder outlet or urethral obstruction; or
- (l) straining at stool due to constipation or diarrhoea;

“relevant service” means:

- (a) operational service under the VEA; or
- (b) peacekeeping service under the VEA; or
- (c) hazardous service under the VEA; or
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

“terminal event” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

Application

- 9. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 10. This Instrument takes effect from 9 March 2005.

Dated this *twenty-fourth* day of *February* 2005

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRMAN