Statement of Principles concerning
UMBILICAL HERNIA
(Balance of Probabilities)
(No. 94 of 2016)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the Veterans' Entitlements Act 1986.

Dated 28 October 2016

The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of:

[Signature]

Professor Nicholas Saunders AO
Chairperson
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1 Name

This is the Statement of Principles concerning umbilical hernia (Balance of Probabilities) (No. 94 of 2016).

2 Commencement

This instrument commences on 28 November 2016.

3 Authority

This instrument is made under subsection 196B(3) of the Veterans’ Entitlements Act 1986.

4 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the Military Rehabilitation and Compensation Act 2004 applies.

5 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

6 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about umbilical hernia and death from umbilical hernia.

Meaning of umbilical hernia

(2) For the purposes of this Statement of Principles, umbilical hernia means:

(a) a protrusion of intra-abdominal tissue through an incompletely closed or weakened umbilical ring; and
(b) includes peri-umbilical and para-umbilical hernias; and
(c) excludes incisional hernia located at the umbilicus.

(3) While umbilical hernia attracts ICD-10-AM code K42.0, K42.1 or K42.9, in applying this Statement of Principles the meaning of umbilical hernia is that given in subsection (2).

Death from **umbilical hernia**

(5) For the purposes of this Statement of Principles, umbilical hernia, in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s umbilical hernia.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

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### 7 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that umbilical hernia and death from umbilical hernia can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

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### 8 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, umbilical hernia or death from umbilical hernia is connected with the circumstances of a person's relevant service:

1. being obese at the time of the clinical onset of umbilical hernia;

   Note: *being obese* is defined in the Schedule 1 - Dictionary.

2. having ascites, chronic ambulatory or automated peritoneal dialysis, extensive intra-abdominal neoplastic disease or mass, or being pregnant at the time of the clinical onset of umbilical hernia;

3. being obese at the time of the clinical worsening of umbilical hernia;

   Note: *being obese* is defined in the Schedule 1 - Dictionary.

4. having increased intra-abdominal pressure as specified at the time of the clinical worsening of umbilical hernia;

   Note: *increased intra-abdominal pressure as specified* is defined in the Schedule 1 - Dictionary.

5. inability to obtain appropriate clinical management for umbilical hernia.

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### 9 Relationship to service

1. The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.

2. The factors set out in subsections 8(3) to 8(5) apply only to material contribution to, or aggravation of, umbilical hernia where the person's umbilical hernia was suffered or contracted before or during (but did not arise out of) the person's relevant service.
10 **Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

(1) if a factor referred to in section 8 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.
1 Definitions

In this instrument:

*being obese* means having a Body Mass Index (BMI) of 30 or greater.

*BMI* means \( W/H^2 \) and where:

- \( W \) is the person's weight in kilograms; and
- \( H \) is the person's height in metres.

*increased intra-abdominal pressure as specified* means acute or chronic (intermittent or continuous) elevation of pressure within the abdominal cavity due to any one of the following:

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

*MRCA* means the *Military Rehabilitation and Compensation Act 2004*.

*relevant service* means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

Note: *MRCA* and *VEA* are also defined in the Schedule 1 - Dictionary.

*terminal event* means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.
**umbilical hernia**—see subsection 6(2).

**VEA** means the *Veterans' Entitlements Act 1986*. 