



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**UMBILICAL HERNIA, PERI-UMBILICAL**  
**HERNIA AND PARA-UMBILICAL HERNIA**  
**(Reasonable Hypothesis)**  
**(No. 91 of 2025)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 24 October 2025

Professor Terence Campbell AM  
Chairperson  
by and on behalf of  
The Repatriation Medical Authority

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**1 Name**

This is the Statement of Principles concerning *umbilical hernia, peri-umbilical hernia and para-umbilical hernia (Reasonable Hypothesis)* (No. 91 of 2025).

**2 Commencement**

This instrument commences on **24 November 2025**.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning umbilical hernia (Reasonable Hypothesis) (No. 93 of 2016) (Federal Register of Legislation No. F2016L01673) made under subsection 196B(2) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

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

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

- (1) This Statement of Principles is about umbilical hernia, peri-umbilical hernia and para-umbilical hernia and death from umbilical hernia, peri-umbilical hernia and para-umbilical hernia.

*Meaning of **umbilical hernia, peri-umbilical hernia and para-umbilical hernia***

- (2) For the purposes of this Statement of Principles, umbilical hernia, peri-umbilical hernia and para-umbilical hernia:
- (a) means a protrusion of intra-abdominal tissue through a defect in the abdominal wall in the region of the umbilicus; and
  - (b) excludes incisional hernia located at the umbilicus.

Note: Clinical worsening can include umbilical hernia, peri-umbilical hernia or para-umbilical hernia enlargement, obstruction, incarceration, strangulation or rupture.

- (3) While umbilical hernia, peri-umbilical hernia and para-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, peri-umbilical hernia and para-umbilical hernia is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

***Death from umbilical hernia, peri-umbilical hernia and para-umbilical hernia***

- (5) For the purposes of this Statement of Principles, umbilical hernia, peri-umbilical hernia and para-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, peri-umbilical hernia and para-umbilical hernia.

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

## **8 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that umbilical hernia, peri-umbilical hernia or para-umbilical hernia and death from umbilical hernia, peri-umbilical hernia or para-umbilical 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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **9 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting umbilical hernia, peri-umbilical hernia or para-umbilical hernia or death from umbilical hernia, peri-umbilical hernia or para-umbilical hernia with the circumstances of a person's relevant service:

- (1) having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening;

Note: Body Mass Index (BMI) is calculated as  $W/H^2$  where:

- (a) W is the person's weight in kilograms; and
  - (b) H is the person's height in metres.
- (2) having chronic (intermittent or continuous) elevation of pressure within the abdominal cavity at the time of clinical onset;

Note: Examples of conditions or settings which can cause chronic elevation of pressure within the abdominal cavity include, but are not limited to, ascites, chronic ambulatory or automated peritoneal dialysis, extensive intra-abdominal neoplastic disease or mass, and pregnancy.

- (3) having elevation of pressure within the abdominal cavity due to lifting heavy loads for at least 1 hour per day, on more days than not, over a period of at least 12 months before clinical onset;
- (4) having acute or chronic (intermittent or continuous) elevation of pressure within the abdominal cavity at the time of clinical worsening;

Note: Examples of conditions or settings which can cause acute or chronic elevation of pressure within the abdominal cavity include, but are not limited to, ascites, significant coughing, significant vomiting, heavy lifting, chronic ambulatory peritoneal dialysis, pregnancy and straining at stool due to constipation.

- (5) inability to obtain appropriate clinical management for umbilical hernia, peri-umbilical hernia or para-umbilical hernia before clinical worsening.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The clinical worsening aspect of factors set out in section 9 apply only to material contribution to, or aggravation of, umbilical hernia, peri-umbilical hernia or para-umbilical hernia where the person's umbilical hernia, peri-umbilical hernia or para-umbilical hernia was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **11 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 9 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(2) 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.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

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

**relevant service** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: **MRCA** and **VEA** are 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, peri-umbilical hernia and para-umbilical hernia**—see subsection 7(2).

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