



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
UMBILICAL HERNIA, PERI-UMBILICAL
HERNIA AND PARA-UMBILICAL HERNIA
(Balance of Probabilities)
(No. 92 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) 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 (Balance of Probabilities)* (No. 92 of 2025).

2 Commencement

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

3 Authority

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

4 Repeal

The Statement of Principles concerning umbilical hernia (Balance of Probabilities) (No. 94 of 2016) (Federal Register of Legislation No. F2016L01676) made under subsection 196B(3) of the VEA is repealed.

5 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.

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

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, 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 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 exist before it can be said that, on the balance of probabilities, umbilical hernia, peri-umbilical hernia or para-umbilical hernia or death from umbilical hernia, peri-umbilical hernia or para-umbilical hernia is connected 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 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.

- (4) 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(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.

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) 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, peri-umbilical hernia and para-umbilical hernia—see subsection 7(2).

VEA means the *Veterans' Entitlements Act 1986*.