

Conversion rates versus patient satisfaction with watch and wait strategy for asymptomatic abdominal wall hernias

Fatheha MOMOTAJ, Mihailescu Andrei, Pokusevski Goran
 Tameside General Hospital, Ashton-Under-Lyne (United Kingdom)

Background

The “watch-and-wait” strategy for asymptomatic abdominal wall and groin hernias aims to balance timely surgical intervention with patient-centred care by deferring operative management until clinically indicated¹. While existing studies have demonstrated the safety and feasibility of this approach, long-term outcomes remain uncertain, particularly regarding conversion rates to elective or even emergency surgery, discharge from follow-up, and ongoing surveillance, which is not clearly defined by current guidelines.

This retrospective single centre study aims to evaluate real-world outcomes in patients managed with a watch-and-wait (W&W) strategy, focusing on conversion rates to surgery, discharge after long-term follow-up or morbidity/mortality from related pathology or other causes.

Aims

Primary aim (PA): Evaluate the long-term outcomes of patients managed with W&W strategy for asymptomatic abdominal wall and groin hernias, focusing on conversion rates to elective or emergency surgery.

Secondary aim (SA): Provide clinicians with a practical understanding of crossover rates by hernia types and the typical time interval between initial decision for watchful waiting and eventual surgical intervention.

Tertiary aim (TA): Establish an optimal strategy for the duration of the W&W approach, in order to optimise health economics related to outpatient clinic follow-up.

Methods

A retrospective observational study was conducted on patients diagnosed with asymptomatic abdominal wall and groin hernias, who were managed under a watch-and-wait strategy at a single institution, between December 2019 and December 2025 (72 months data).

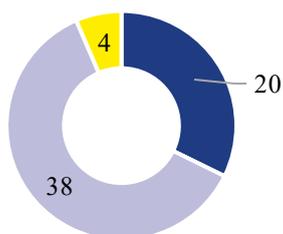
Data collected includes hernia types, duration on the W&W strategy, and outcomes, categorised as: discharge (as per patient request), conversion to surgery, mortality from unrelated causes, or remaining on the W&W strategy.

Results

A total of 62 patients (pts) were included in this study. The majority of patients (38) presented with groin hernias, while 20 patients presented with ventral hernias. 4 patients presented with both groin and ventral hernias.

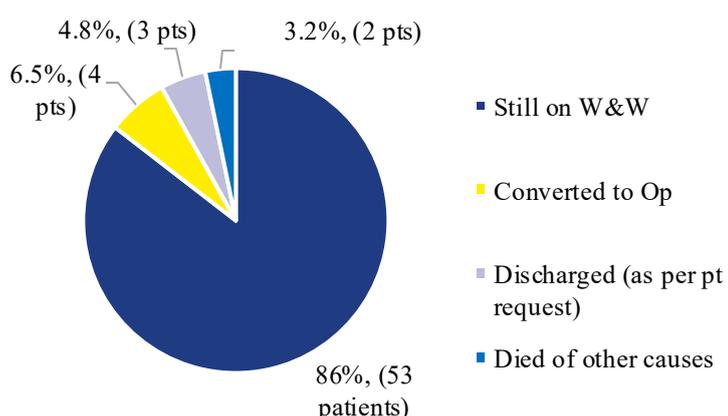
Distribution of Hernia Types Under W&W Strategy

■ Ventral ■ Inguinal ■ Both ventral and inguinal



Among the groin hernias, 24 were right sided, whilst 11 were left inguinal hernias and 7 were bilateral. Of the 20 ventral abdominal hernias, the majority were umbilical defects (14).

Status of patient's managed with W&W



References:

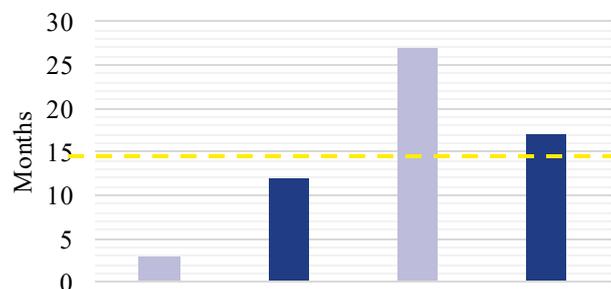
1. HerniaSurge Group. *Hernia*. 2018;22(1):1-165.

PA: From the entire cohort, only **4 patients** required a change in management strategy to operative intervention.

SA: All 4 of these patients had groin hernias (6.5%).

SA: Of the 4 patients, the **average time** from initiation of the watch and wait strategy until conversion to surgery was **approximately 15 months** (14.75).

Time on W&W Prior to Conversion to Elective Surgery

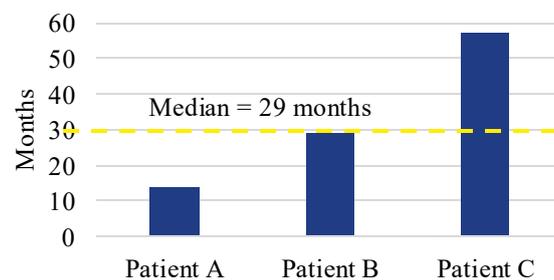


Average Time to Conversion = 14.75 months

PA: No patients required emergency surgery after being placed on the W&W strategy.

Only **3 patients** have been discharged to date, upon their request. The median time from initiation on W&W to discharge was 29 months.

Time to Discharge (upon patient request) for Patients on W&W Strategy



2 patients died during the study whilst on the W&W strategy, due to causes unrelated to their hernias.

Discussion & Conclusion

This study suggests the **watch-and-wait strategy for asymptomatic groin and abdominal wall hernias is safe**, with no patients requiring emergency surgery for incarcerated hernias during the follow up period.

SA: Only 4 out of 62 patients (6.5%) required conversion to elective surgery after developing symptoms, with an average time to conversion of 15 months.

2 patients died during the study period from unrelated causes, further supporting the safety of this approach in selected patients, particularly elderly/co-morbid patients with no or minimal hernia-related symptoms.

SA: All patients who were converted to surgical management had groin hernias, suggesting a slightly higher risk of symptom progression in this subgroup. This may warrant more tailored follow-up strategies based on hernia type, with groin hernia patients potentially requiring closer monitoring than those with ventral hernias.

3 patients were discharged from the W&W strategy at their own request, with a median time to discharge of 29 months. Although patient satisfaction was not formally assessed, the low dropout and discharge rates suggest good acceptability of the W&W approach.

TA: Given the current study findings, particularly low conversion rate and the median duration before patient-led discharge, the authors suggest that **patients who remain asymptomatic could be considered for discharge after 3 years** (36 months).

TA: A patient initiated follow up pathway may offer a safe and cost-effective alternative in this context, allowing patients to re-engage with services should symptoms develop.

However, this study is limited by its small sample size and single centre design. A larger, multicentre study is needed to validate these findings and to determine the optimal follow up strategy for patients managed conservatively.