Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Right Groin - Inguinal Hernia

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A hospital admission and discharge summary by the deployed medical facility, Sudan, dated 22 January 2007;
- A specialist letter and skin snip report by the dermatologist, dated 14 August 2008;
- A respiratory consultation and spirometry by the respiratory physician, dated 19 February 2010;
- A renal medicine consultation by the renal physician, dated 3 March 2014;
- An operation report and histopathology by the urologist, dated 12 August 2016;
- A dermatology review by the dermatologist, dated 12 August 2016;
- A transplant operation report by the transplant surgeon, dated 19 September 2017;
- A transplant clinic review by the renal physician, dated 5 February 2019;
- An outpatient health record by the medical officer, Garrison health centre, dated 13 March 2019;
- An ultrasound right groin by the radiologist, dated 20 March 2019;
- A CT abdomen and pelvis and surgical consultation by the general surgeon, dated 2 April 2019;
- An ultrasound right groin by the radiologist, dated 17 November 2020;
- An operation report (laparoscopic catheter repositioning) by the general surgeon, dated 18 December 2020;
- A colonoscopy report by the gastroenterologist, dated 8 January 2021;

- A CT abdomen and pelvis and emergency operation report by the general surgeon, dated 9 January 2021.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

16 January 1990 and 28 February 2022

Right Groin - Inguinal Hernia

You have stated that your condition was caused by:

- *having acute elevation of pressure within the abdominal cavity due to any one of the following: (a) anti-G straining manoeuvre; (b) lifting heavy weights; (c) physical trauma to the abdomen involving a direct blow to the abdomen; (d) pneumoperitoneum induced for laparoscopic surgery; (e) significant coughing; (f) significant sneezing; (g) straining at micturition due to bladder outlet or urethral obstruction; or (h) straining at stool due to constipation or diarrhoea; within the 30 days before the clinical onset of inguinal hernia*
- *having chronic elevation of pressure within the abdominal cavity due to any one of the following: (a) ascites; (b) chronic ambulatory or automatic peritoneal dialysis; (c) extensive intra-abdominal neoplastic disease or mass; or (d) pregnancy; at the time of the clinical onset of inguinal hernia*
- *undergoing radical retropubic prostatectomy, laparoscopic radical prostatectomy or robot-assisted laparoscopic radical prostatectomy within the five years before the clinical onset of inguinal hernia*
- *having chronic onchocerciasis in the presence of a hanging groin at the time of the clinical onset of inguinal hernia*
- *for uretero-inguinal hernia only, having a kidney transplant before the clinical onset of uretero-inguinal hernia*

Diagnosis: Inguinal Hernia

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a CT abdomen and pelvis and surgical consultation by the general surgeon, dated 2 April 2019.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Inguinal Hernia (Balance of Probabilities) (No. 48 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having acute elevation of pressure within the abdominal cavity due to any one of the following: (a) anti-G straining manoeuvre; (b) lifting heavy weights; (c) physical trauma to the abdomen involving a direct blow to the abdomen; (d) pneumoperitoneum induced for laparoscopic surgery; (e) significant coughing; (f) significant sneezing; (g) straining at micturition due to bladder outlet or urethral obstruction; or (h) straining at stool due to constipation or diarrhoea; within the 30 days before the clinical onset of inguinal hernia*
- *having chronic elevation of pressure within the abdominal cavity due to any one of the following: (a) ascites; (b) chronic ambulatory or automatic peritoneal dialysis; (c) extensive intra-abdominal neoplastic disease or mass; or (d) pregnancy; at the time of the clinical onset of inguinal hernia*
- *undergoing radical retropubic prostatectomy, laparoscopic radical prostatectomy or robot-assisted laparoscopic radical prostatectomy within the five years before the clinical onset of inguinal hernia*
- *having chronic onchocerciasis in the presence of a hanging groin at the time of the clinical onset of inguinal hernia*
- *for uretero-inguinal hernia only, having a kidney transplant before the clinical onset of uretero-inguinal hernia*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a sudden painful lump in the right groin while lifting, with an aching dragging sensation that was worse with standing, lifting and coughing, and that reduced when you lay down on 13 March 2019.

The diagnosis was made clinically on 13 March 2019, when examination showed a reducible right inguinal swelling with a cough impulse, and confirmed by ultrasound on 20 March 2019 and CT on 2 April 2019, which showed a right indirect inguinal hernia containing a loop of the transplant ureter with mild hydronephrosis. A general surgeon confirmed a uretero-inguinal hernia. This meets the Statement of Principles definition of inguinal hernia, a protrusion of abdominal contents through the inguinal canal, and of uretero-inguinal hernia.

This has then led to further investigations and the diagnosis of your condition of *Inguinal Hernia*. I have accepted your condition of *Inguinal Hernia*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 11 March 2019.

Right Groin - Inguinal Hernia (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
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- An operation report and histopathology by the urologist, dated 12 August 2016;
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- A transplant operation report by the transplant surgeon, dated 19 September 2017;
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- An ultrasound right groin by the radiologist, dated 20 March 2019;
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- An ultrasound right groin by the radiologist, dated 17 November 2020;
- An operation report (laparoscopic catheter repositioning) by the general surgeon, dated 18 December 2020;
- A colonoscopy report by the gastroenterologist, dated 8 January 2021;
- A CT abdomen and pelvis and emergency operation report by the general surgeon, dated 9 January 2021.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

16 January 1990 and 28 February 2022

Right Groin - Inguinal Hernia (Worsening)

You have stated that the worsening of your condition was caused by:

- *having acute elevation of pressure within the abdominal cavity due to any one of the following: (a) anti-G straining manoeuvre; (b) lifting heavy weights; (c) physical trauma to the abdomen involving a direct blow to the abdomen; (d) pneumoperitoneum induced for laparoscopic surgery; (e) significant coughing; (f) significant sneezing; (g) straining at micturition due to bladder outlet or urethral obstruction; or (h) straining at stool due to constipation or diarrhoea; within the 30 days before the clinical worsening of inguinal hernia*
- *having chronic elevation of pressure within the abdominal cavity due to any one of the following: (a) ascites; (b) chronic ambulatory or automatic peritoneal dialysis; (c) extensive intra-abdominal neoplastic disease or mass; or (d) pregnancy; at the time of the clinical worsening of inguinal hernia*
- *undergoing radical retropubic prostatectomy, laparoscopic radical prostatectomy or robot-assisted laparoscopic radical prostatectomy within the five years before the clinical worsening of inguinal hernia*
- *having chronic onchocerciasis in the presence of a hanging groin at the time of the clinical worsening of inguinal hernia*
- *for perforated inguinal hernia only, having a colonoscopy where the colonoscope enters the inguinal hernia within the 24 hours before the perforation of the inguinal hernia*
- *inability to obtain appropriate clinical management for inguinal hernia*

Diagnosis: Inguinal Hernia (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a CT abdomen and pelvis and surgical consultation by the general surgeon, dated 2 April 2019.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Inguinal Hernia (Balance of Probabilities) (No. 48 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having acute elevation of pressure within the abdominal cavity due to any one of the following: (a) anti-G straining manoeuvre; (b) lifting heavy weights; (c) physical trauma to the abdomen involving a direct blow to the abdomen; (d) pneumoperitoneum induced for laparoscopic surgery; (e) significant coughing; (f) significant sneezing; (g) straining at micturition due to bladder outlet or urethral obstruction; or (h) straining at stool due to*

constipation or diarrhoea; within the 30 days before the clinical worsening of inguinal hernia

- *having chronic elevation of pressure within the abdominal cavity due to any one of the following: (a) ascites; (b) chronic ambulatory or automatic peritoneal dialysis; (c) extensive intra-abdominal neoplastic disease or mass; or (d) pregnancy; at the time of the clinical worsening of inguinal hernia*
- *undergoing radical retropubic prostatectomy, laparoscopic radical prostatectomy or robot-assisted laparoscopic radical prostatectomy within the five years before the clinical worsening of inguinal hernia*
- *having chronic onchocerciasis in the presence of a hanging groin at the time of the clinical worsening of inguinal hernia*
- *for perforated inguinal hernia only, having a colonoscopy where the colonoscope enters the inguinal hernia within the 24 hours before the perforation of the inguinal hernia*
- *inability to obtain appropriate clinical management for inguinal hernia*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a sudden painful lump in the right groin while lifting, with an aching dragging sensation that was worse with standing, lifting and coughing, and that reduced when you lay down on 13 March 2019.

The diagnosis was made clinically on 13 March 2019, when examination showed a reducible right inguinal swelling with a cough impulse, and confirmed by ultrasound on 20 March 2019 and CT on 2 April 2019, which showed a right indirect inguinal hernia containing a loop of the transplant ureter with mild hydronephrosis. A general surgeon confirmed a uretero-inguinal hernia. This meets the Statement of Principles definition of inguinal hernia, a protrusion of abdominal contents through the inguinal canal, and of uretero-inguinal hernia.

After the condition arose, it was worsened during your service. The hernia worsened with perforation on 9 January 2021. You remained on continuous ambulatory peritoneal dialysis, with four 2.5-litre exchanges a day, through 2020 and at the worsening on 9 January 2021. The robot-assisted laparoscopic radical prostatectomy of 12 August 2016 falls within the five years before the worsening, from 9 January 2016 to 9 January 2021. Chronic onchocerciasis with bilateral hanging groin persisted, and the hanging groin was described again on the ultrasound of 17 November 2020, before the perforation on 9 January 2021. You underwent colonoscopy on 8 January 2021 for a positive faecal occult blood test arranged by Defence health services. You were listed for repair on 2 April 2019, but the operation was postponed repeatedly over 21 months, including during the suspension of elective surgery in 2020 and because no surgeon with transplant experience was available at your posting location.

This has then led to further investigations and the diagnosis of your condition of *Inguinal Hernia (Worsening)*. I have accepted your condition of *Inguinal Hernia (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 9 January 2021.

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