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.

Umbilical 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 periodic health examination by the medical officer, Garrison health centre, dated 12 March 2009;
- An outpatient health record and spirometry by the medical officer, Role 1 health facility, Middle East, dated 14 February 2010;
- An outpatient health record by the medical officer, Role 1 health facility, Middle East, dated 28 June 2010;
- An outpatient health record by the medical officer, Role 1 health facility, Middle East, dated 22 September 2010;
- An ultrasound abdominal wall by the radiologist, dated 19 January 2011;
- A surgical consultation by the general surgeon, dated 19 January 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 24 June 2013;
- An ultrasound abdominal wall by Role 2 facility, Afghanistan, dated 26 June 2013;
- An emergency treatment record by Role 2 facility, Afghanistan, dated 2 August 2013;
- An operation report by the general surgeon, dated 11 November 2013.

Your service

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

15 February 1999 and 30 November 2018

Umbilical Hernia

You have stated that your condition was caused by:

- *having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening*
- *having chronic (intermittent or continuous) elevation of pressure within the abdominal cavity at the time of clinical onset*
- *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*

Diagnosis: Umbilical Hernia

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an outpatient health record by the medical officer, Role 1 health facility, Middle East, dated 22 September 2010.

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

Statement of Principles concerning Umbilical Hernia, Peri-Umbilical Hernia and Para-Umbilical Hernia (Reasonable Hypothesis) (No. 91 of 2025)

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

I am satisfied that you have met the following factor:

- *having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening*
- *having chronic (intermittent or continuous) elevation of pressure within the abdominal cavity at the time of clinical onset*
- *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*

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 soft swelling at the umbilicus that appeared when you coughed, lifted or strained and disappeared when you lay down, with a dragging discomfort at the end of a shift on 22 September 2010.

The diagnosis was made clinically on 22 September 2010 by the finding of a 1.5 cm reducible swelling at the umbilicus with a positive cough impulse, and confirmed by ultrasound on 19 January 2011, which showed a 14 mm fascial defect at the umbilicus with herniation of pre-peritoneal fat on straining. You had no previous abdominal surgery, so this is a primary umbilical

hernia and not an incisional hernia. It meets the Statement of Principles definition of a protrusion of intra-abdominal tissue through a defect in the abdominal wall in the region of the umbilicus.

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

I have therefore accepted that this condition is related to your service with effect from 20 September 2010.

Umbilical 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;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 12 March 2009;
- An outpatient health record and spirometry by the medical officer, Role 1 health facility, Middle East, dated 14 February 2010;
- An outpatient health record by the medical officer, Role 1 health facility, Middle East, dated 28 June 2010;
- An outpatient health record by the medical officer, Role 1 health facility, Middle East, dated 22 September 2010;
- An ultrasound abdominal wall by the radiologist, dated 19 January 2011;
- A surgical consultation by the general surgeon, dated 19 January 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 24 June 2013;
- An ultrasound abdominal wall by Role 2 facility, Afghanistan, dated 26 June 2013;
- An emergency treatment record by Role 2 facility, Afghanistan, dated 2 August 2013;
- An operation report by the general surgeon, dated 11 November 2013.

Your service

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

15 February 1999 and 30 November 2018

Umbilical Hernia (Worsening)

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

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

- *having acute or chronic (intermittent or continuous) elevation of pressure within the abdominal cavity at the time of clinical worsening*
- *inability to obtain appropriate clinical management for umbilical hernia, peri-umbilical hernia or para-umbilical hernia before clinical worsening*

Diagnosis: Umbilical 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 an outpatient health record by the medical officer, Role 1 health facility, Middle East, dated 22 September 2010.

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

Statement of Principles concerning Umbilical Hernia, Peri-Umbilical Hernia and Para-Umbilical Hernia (Reasonable Hypothesis) (No. 91 of 2025)

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

I am satisfied that you have met the following factor:

- *having a Body Mass Index (BMI) of 30 or greater at the time of clinical onset or clinical worsening*
- *having acute or chronic (intermittent or continuous) elevation of pressure within the abdominal cavity at the time of clinical worsening*
- *inability to obtain appropriate clinical management for umbilical hernia, peri-umbilical hernia or para-umbilical hernia before clinical worsening*

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 soft swelling at the umbilicus that appeared when you coughed, lifted or strained and disappeared when you lay down, with a dragging discomfort at the end of a shift on 22 September 2010.

The diagnosis was made clinically on 22 September 2010 by the finding of a 1.5 cm reducible swelling at the umbilicus with a positive cough impulse, and confirmed by ultrasound on 19 January 2011, which showed a 14 mm fascial defect at the umbilicus with herniation of pre-peritoneal fat on straining. You had no previous abdominal surgery, so this is a primary umbilical hernia and not an incisional hernia. It meets the Statement of Principles definition of a protrusion of intra-abdominal tissue through a defect in the abdominal wall in the region of the umbilicus.

After the condition arose, it was worsened during your service. During your warlike deployment in the Middle East your BMI rose to 31.9 by 28 June 2010, with long shifts, high-calorie rations and no opportunity to exercise, and it was above 30 at onset on 20 September 2010. On warlike service in Afghanistan you had repeated vomiting from gastroenteritis in June 2013, continued to

lift cargo and ammunition by hand because operational demands did not allow your lifting restrictions to be observed, and continued to cough from asthma aggravated by dust. Elective repair recommended in January 2011 was never scheduled, and during warlike service in Afghanistan in June 2013 no elective surgical capacity was available in theatre, so the enlarging, partly irreducible hernia could not be repaired.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 24 June 2013.

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