



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

HIATUS HERNIA

No. 68 of 2014

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning hiatus hernia No. 68 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 17 of 2004 concerning hiatus hernia; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **hiatus hernia** and **death from hiatus hernia**.
 - (b) For the purposes of this Statement of Principles, "**hiatus hernia**", also known as hiatal hernia, means an acquired protrusion of part of the abdominal viscera into the mediastinum through the oesophageal hiatus of the diaphragm. This definition includes sliding hiatus hernia, paraoesophageal hiatus hernia, and mixed sliding and paraoesophageal hiatus hernia, but excludes congenital hiatus hernia, eventration of the diaphragm, and physiological herniation during swallowing.
 - (c) Hiatus hernia attracts ICD-10-AM code K44.

- (d) In the application of this Statement of Principles, the definition of "**hiatus hernia**" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **hiatus hernia** and **death from hiatus 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **hiatus hernia** or **death from hiatus hernia** with the circumstances of a person's relevant service is:
- (a) undergoing bariatric surgery, pulmonary resection or lobectomy, or a surgical procedure involving the region of the oesophageal hiatus of the diaphragm, excluding Nissen fundoplication or surgical hiatus hernia repair procedure, within the two years before the clinical onset of hiatus hernia; or
 - (b) undergoing a partial or total gastrectomy within the three months before the clinical onset of hiatus hernia; or
 - (c) being obese for a continuous period of at least the two years before the clinical onset of hiatus hernia; or
 - (d) having a penetrating or blunt wound, excluding a surgical procedure, to the region of the oesophageal hiatus of the diaphragm, within the five years before the clinical onset of hiatus hernia; or
 - (e) having episodes of abruptly increased intra-abdominal pressure due to lifting of heavy weights above the head at maximal effort, occurring while engaging in recreational or competitive weight-lifting, powerlifting or body-building, within the seven days before the clinical onset of hiatus hernia; or
 - (f) having scleroderma at the time of the clinical onset of hiatus hernia; or
 - (g) having osteoporosis with kyphosis at the time of the clinical onset of hiatus hernia; or
 - (h) undergoing bariatric surgery, pulmonary resection or lobectomy, or a surgical procedure involving the region of the oesophageal hiatus of the diaphragm, excluding Nissen fundoplication or surgical hiatus hernia repair procedure, within the two years before the clinical worsening of hiatus hernia; or
 - (i) undergoing a partial or total gastrectomy within the three months before the clinical worsening of hiatus hernia; or

- (j) being obese for a continuous period of at least the two years before the clinical worsening of hiatus hernia; or
- (k) having a penetrating or blunt wound, excluding a surgical procedure, to the region of the oesophageal hiatus of the diaphragm, within the five years before the clinical worsening of hiatus hernia; or
- (l) having episodes of abruptly increased intra-abdominal pressure due to lifting of heavy weights above the head at maximal effort, occurring while engaging in recreational or competitive weight-lifting, powerlifting or body-building, within the seven days before the clinical worsening of hiatus hernia; or
- (m) having scleroderma at the time of the clinical worsening of hiatus hernia; or
- (n) having osteoporosis with kyphosis at the time of the clinical worsening of hiatus hernia; or
- (o) being pregnant at the time of the clinical worsening of hiatus hernia; or
- (p) inability to obtain appropriate clinical management for hiatus hernia.

Factors that apply only to material contribution or aggravation

- 7. Paragraphs **6(h) to 6(p)** apply only to material contribution to, or aggravation of, hiatus hernia where the person's hiatus hernia was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

- 8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

- 9. For the purposes of this Statement of Principles:
 - "**being obese**" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.
 - The $BMI = W/H^2$ and where:
 - W is the person's weight in kilograms; and
 - H is the person's height in metres;
 - "**death from hiatus hernia**" in relation to a person includes death from a terminal event or condition that was contributed to by the person's hiatus hernia;
 - "**episodes of abruptly increased intra-abdominal pressure**" means intermittent supraphysiological elevation of the pressure within the abdominal cavity;
 - "**ICD-10-AM code**" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related

Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

"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;

"terminal event" means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

Application

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11.** This Instrument takes effect from 2 July 2014.

Dated this *twentieth* day of *June* 2014

The Common Seal of the
Repatriation Medical Authority
was affixed at the direction of:

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PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON