

PATIENT AND FAMILY INFORMATION SHEET

Inguinal Hernia

What is an inguinal hernia?

An inguinal hernia develops when an opening from the abdomen to the groin does not close during fetal development.

- When a baby boy is growing in the womb, the testicles first grow in his abdomen. As the baby boy develops, the testicles travel down a into the scrotum.
- In little girls, this tunnel also exists (called a *processus vaginalis*).
- This tunnel usually closes. However, if the tunnel does not close, an opening is left from the abdomen into the inguinal canal where a piece of bowel or an ovary can get trapped.

Who gets an inguinal hernia?

Inguinal hernias are more common in boys and in premature infants. However, any baby may develop an inguinal hernia

How do I know if my child has an inguinal hernia?

Here are some of the symptoms your child may have:

- Many parents notice a bulge when the child is crying or sitting on the toilet attempting to move their bowels that then disappears when the child relaxes.
- The bulge is intestine (bowel) or an ovary in the inguinal canal.
- Sometimes, the opening is very small and only fluid can pass through. This is called a hydrocele.
- An inguinal hernia is diagnosed by examining your child. There is a visible bulge in the child's groin. There are no special tests or procedures required to diagnose an inguinal hernia. If you see a bulge, take a picture and then make an appointment with your pediatrician or a pediatric surgeon. The picture may help them with the diagnosis.

How is the decision made that surgery is needed?

- Once a hernia is noticed, an operation is generally scheduled as soon as possible.
- The surgery is necessary in order to prevent the bowel or ovary in the inguinal canal from becoming trapped (*incarcerated*) or strangulated (*blood supply decreased*).
- Symptoms of a strangulated hernia are inconsolable crying and a hard, painful bulge in the groin.
 - If this happens, it is a surgical emergency because the intestines may not have a good blood supply.



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How is an inguinal hernia treated?

• The treatment for an inguinal hernia is surgery.

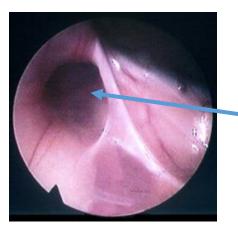
What should I bring the day of surgery?

- A variety of favorite toys, or books to preoccupy your child and encourage quiet time.
- A special toy or security blanket that may help to comfort your child.
- Extra pacifiers or a teething toy may help soothe your baby (if age appropriate), since they will not be able to eat or drink anything before surgery.
- A change of clothes and loose clothes for you child to wear home from the hospital.
- Please do not eat in front of your child before surgery.

What happens during surgery?

A small incision will be made in the groin crease, the bowel or ovary will be replaced in the abdomen, and the opening from the abdomen will be closed.

- Your child's surgeon may recommend checking the opposite side during surgery for a hernia because it is common to have a hernia on both sides.
- Blood work is not usually necessary and may be needed only if your child has other medical problems.
- Your surgeon will probably use skin glue over the area or a small bandage.



Laparoscopic view of an inguinal hernia (patent processus vaginalis)

What happens after surgery?

When can I be with my child again?

As soon as your child wakes up after surgery, someone from the recovery room will call you so you can be with your child again.

Will my child have any pain?

- Your child will have some discomfort after the surgery that can be treated with over the counter pain medicines. Your surgeon may prescribe a stronger pain medication as well.
- Give pain medicines around the clock (every four to six hours as directed) for the first 24-48 hours and then as needed after that for the next three to four days.



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How do I care for my child at home?

Care of the incision:

- There will be an incision in the skin crease at the groin or at the belly button.
- Reinforced sticky bandages (Steri-strips) or skin glue may be applied.
- A clear plastic dressing or a gauze dressing may cover the incision. The clear plastic dressing is waterproof. Remove this dressing according to your surgeon's instructions.
- It is not unusual to see bruising and swelling for a few days, especially of the scrotum in boys.

Activity limitations:

• Normal activity for age. No gym, recess, contact sports or other vigorous activity until your surgeon says it is okay to do so. This can be up to 4 weeks.

Diet:

• Your child may have their usual diet. Your child may feel sick to their stomach for a short time after the surgery. If this happens, offer small frequent amounts of clear liquids such as juice, water, or Pedialyte[®].

Bathing:

- Sponge bathe your child until the bandage is taken off. Once the bandage is taken off, your child can resume normal bathing.
- If there is no bandage, your child may resume normal bathing as instructed by the surgical team.

When should I call the office?

If your child experiences any of the following, please call our office:

- Continued pain not relieved with pain medications
- Fever [Temperature > 100.5°F (38.0°C)]
- Bleeding, drainage from the surgical site
- Not drinking as well and peeing less
- Vomiting

Your child will need to follow up with the surgeon. You will receive specific instructions for follow up when your child is discharged.

Please don't hesitate to call our office if you have any problems or concerns.

Surgical provider:	
Office Number:	
After hours number, if applicable:	

Thank you for allowing us to care for your child.