

Repair and Recovery

Inguinal hernia surgery in children is most often done without an overnight stay in the hospital (same-day surgery). Some very young infants may be kept overnight. The surgery is usually done using general anesthesia. A small incision is made in a skin crease in the groin over the hernia. The contents of the hernia sac, such as a loop of bowel, are first put back into the belly. The hernia sac is then tied off and removed.

Most children are back to normal in 1 or 2 days. Your child may have pain for a few days that requires Tylenol or Motrin (ibuprofen). Swelling or minor bruising in the scrotum may be seen. Children may start their usual activities including regular play and attending school when they are comfortable. If your child does any structured activities such as team sports or dance lessons, ask your surgeon about when your child can restart these activities.

Complications are uncommon after groin hernia repair. Fever (>101.5°F) or swelling, redness or drainage of the wound may indicate infection. Although rare, sudden swelling in the groin may be a sign that the hernia has come back. If you see any of these changes, you should call your surgeon.

Inguinal Hernias

A Guide for Families

Thomas V. Whalen, M.D.

Mitchell R. Price, M.D.

Randall S. Burd, M.D., Ph.D.

Division of Pediatric Surgery

Robert Wood Johnson Medical School

1 Robert Wood Johnson Place, Box 19

New Brunswick, NJ 08903-0019

TEL: 732-235-7821

FAX: 732-235-8878

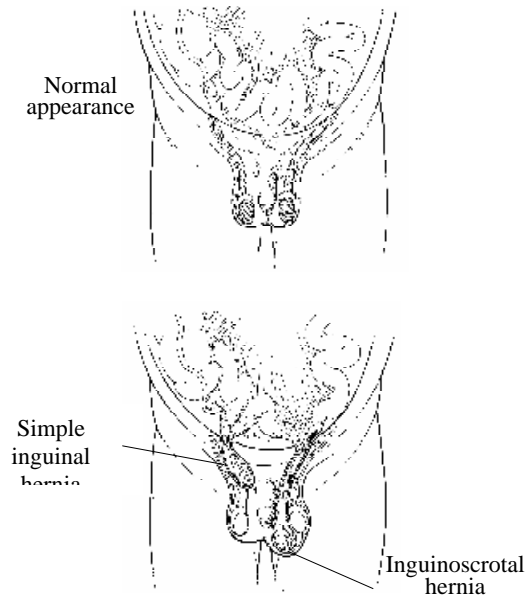
Produced by the Division of Pediatric Surgery 2005

Division of Pediatric Surgery

Disclaimer: This brochure is for educational purposes only. Please consult your physician or other health professional to make sure this information is right for your child.

What Is An Inguinal Hernia?

An *inguinal (in-gwih-null) hernia (her-nee-uh)* or groin hernia occurs when part of an organ (such as a loop of bowel) or tissue pushes through a hole in the groin where it doesn't belong. Inguinal hernias look like a bulge or lump in the groin.



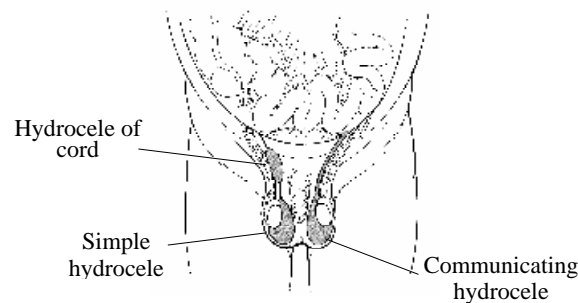
Cause

Almost all groin hernias in children were present at birth. Some babies are born with a small hole in the groin that should have closed before birth but instead stayed open. Normal strain in the belly that may be seen during crying, coughing or bowel movements causes part of an organ or tissue to squeeze into this hole causing a bulge. A hernia may

show up just after birth or may be 'silent' and show up months or years later. A tear in the groin due to lifting or heavy straining rarely causes hernias in children.

Other Groin Swellings

Groin swelling is not always from a hernia. Other causes include hydroceles (most common), undescended testicles, retractile testicles, femoral hernias or enlarged lymph nodes. A *hydrocele* is like a hernia, except fluid is the reason for a bulge rather than a loop of bowel or other tissue. Depending on the kind of hydrocele, it disappears in about a year or is treated with surgery. Sometimes a hydrocele occurs along with a hernia and is repaired with the hernia.



A testicle that is found in the groin or belly and not in the scrotum is called an *undescended testicle*. Surgery may be needed if the testicle does not descend to its normal place in the scrotum during infancy. A testicle may draw up from the scrotum into the groin from time to

time causing a bulge. This is called a *retractile testicle*. Retractable testicles are normal and do not need any treatment. A *femoral hernia* occurs when tissues have pushed along an artery leading to the leg. Femoral hernias are less common than inguinal hernias but also need repair. A *swollen lymph node* (gland) in the groin may also be confused with a hernia.

Reasons for Repair

All groin hernias need to be fixed. A groin hernia that is not repaired will not go away and will get bigger and cause pain. Problems that are more serious also can occur if a groin hernia is not fixed. A loop of bowel or other tissue may get trapped in the hernia (*incarcerated hernia*). In the worst case, blood flow may be blocked to and from the trapped bowel causing it to die (*strangulated hernia*). A child with an incarcerated hernia needs to be seen by a doctor right away. In most cases, a doctor can free (*reduce*) the trapped bowel with steady pressure on the hernia. Surgery is done soon after the hernia is reduced to prevent another incarceration. If the doctor cannot dislodge the trapped tissues with steady pressure, emergency surgery is needed to reduce the trapped tissues and repair the hernia.