

Surgery to repair your child's groin hernia (inguinal herniotomy)

Children's Hospital

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Information for Patients, Parents & Carers

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What is a hernia?

Both children and adults can have hernias. Hernias can happen in all ages of babies and children. They are more common in boys than girls.

There are different types of hernia. This depends on where they are on your child's body. An inguinal hernia is in the groin (the area between the lower stomach and the top of the thigh).

What causes an inguinal hernia in children?

Inguinal hernia happens when a small sac from the tummy (abdomen) moves down into the groin. Most of these sacs close by the time the baby is born. If they do not then a hernia can develop. In boys the sac may extend to the pouch of skin under the penis (scrotum) and contain bowel. In girls it may contain an ovary. There is no weakness in the wall of the groin as there is in adults.

Can the hernia be seen?

Hernias usually look like a swelling in the groin. The swelling can be different in size. You can see it better at certain times. You may be able to see the hernia more clearly when your child is laughing, crying, coughing or straining to go to the toilet. The lump may disappear or become smaller when your child is relaxed or lying down.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

Why does my child need an operation?

Most inguinal hernias can easily move and are not painful. The bowel moves easily in and out of the inguinal canal. It can gently be pushed back to the normal position.

Some hernias cannot be reduced. This means the bowel becomes stuck or difficult to gently push back to the normal position. The lump is swollen and fixed in place. If it becomes stuck it can become hard, painful and tender to touch. This can be uncomfortable and does not go away.

If this happens a small piece of the intestine or bowel or ovary could have got caught and trapped in the hernia. This can cause pain and vomiting. The lump may become red and tender. We will need to do an operation to repair the hernia.

If your child gets any stomach pain or vomiting with a lump that will not go down, contact your GP or get medical advice right away. They may need emergency medical treatment.

What happens during the operation?

There are different surgical methods to repair an inguinal hernia. Herniotomy is an operation where we close the inguinal canal so the bowel cannot slip through.

We can do an open surgery method where a small cut (incision) is made in the groin. Or by keyhole surgery (laparoscopically) where we make smaller cuts in the tummy.

The operation is done under a general anesthetic so your child will be asleep during the procedure.

A small cut is made in the groin area. The sac is found and closed off using a stitch. In young babies sometimes the operation is performed under a caudal anesthetic with the baby awake. This is where a small injection into your child's back is used. This will make sure the pain is controlled after surgery. This will be explained by the anesthetist.

All stitches are buried under the skin. They dissolve so they do not need to be removed later.

Depending on how your child recovers they will usually be sent home on the same day. Young babies will need to stay in hospital often overnight to monitor breathing but sometimes longer if unwell.

Are there risks of any complications?

- **Injury to the testicular vessels (in boys).** This means the testicle does not grow to full size. It may shrink away because the sac is near to testicular blood vessels. They may get damaged during surgery. The likelihood of this happening is 1 in 10,000 children.
- **Injury to the sperm tube (vas deferens) (in boys).** The hernia can be close to the tube that carries sperm. If this is damaged there is a chance this could affect fertility. This means they can have problems when trying to have a baby in the future. The likelihood of this happening is 1 in 10,000 children.

- **There is a chance that the hernia may come back** which means the operation will need to be done again. You must check for signs of a swelling like before. The likelihood of this happening is 1 in 10,000 children.
- **High testicle (in boys):** Sometimes the testicle can get stuck in the scar tissue and move up into the groin instead of staying in the sac. The doctor will check this in the clinic. The likelihood of this happening is 1 in 10,000 children.
- We will review your child in 3 to 6 months time for the above complications. The doctor will talk about any problems at that time.
- **Wound infection.** We use antibiotics to treat this. The wound may look red and have pus. Your child may also get a temperature and feel unwell. The likelihood of this happening is 1 in 10,000 children.
- **Bruising and swelling.** Most of this will settle on its own.

There is a risk in any procedure. Having the operation is safer than leaving the hernia untreated.

Aftercare advice after discharge

The advice below will help you care for your child at home after the operation:

- Babies, infants and young children tend to recover fast.
- Your child can usually have their feed/ food and drink as soon as they wake up.
- A certain amount of discomfort after the operation is normal. You should give regular pain relief for at least the first 48 hours (2 days) after surgery. We will talk about pain relief and what dose to give, before you go home.
- You must keep the wound dry for 48 hours (2 days) after the operation.
- Dissolvable stitches are usually used on any cuts to the skin and should dissolve after a few weeks
- If your child is at school they should be able to return after a few days. They will need to be careful and avoid PE/ sport for 2 to 4 weeks. Children will find their own boundaries and general play is fine if they feel able to.
- We will tell you if a follow-up appointment is needed. We will send you an appointment letter through the post to attend the outpatient clinic.



What to expect with the wound:

- It should heal by itself.
- It will have a certain amount of swelling.
- A small amount of oozing is normal.
- It will look bright pink.

If your child has the symptoms below then contact ward 10 or the Emergency Department:

- If the wound starts to bleed.
- If the wound becomes red and angry and more painful to touch.
- If the wound starts to discharge pus.

Contact details

- You can contact your GP for advice if needed. If your child has no problems after surgery, we will not need to see them again.
- Please contact Ward 10 on **0116 258 5362** if you need any advice or have any problems.
- If you have any concerns about the operation please contact your child's consultants secretary.

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