

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 occur in all ages of babies and children and 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 (groin) hernia develops because of a sac coming down from the tummy (abdomen). Most of these sacs close by the time the baby is born but if they do not then a hernia can develop. In boys the sac may extend to the scrotum and contain bowel but 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 varies in size and is more obvious 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.

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 and it can gently be pushed back to the normal position.

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

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Some hernias cannot be reduced. This means the bowel becomes stuck or difficult to gently push back to the normal position and 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. An operation is needed to repair the hernia.

If your child develops any stomach pain or vomiting with a lump present that will not reduce you should contact your GP or seek urgent medical advice as emergency medical treatment may be needed.

What happens during the operation?

There are different surgical methods to repair an inguinal hernia. An operation to close the inguinal canal to stop the bowel slipping through is called a herniotomy.

The operation can be done by an open surgery method where a small cut (incision) is made in the groin, or by keyhole surgery (laparoscopically) through 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 (a small injection into your child's back. This will ensure the pain is controlled after surgery. This will be explained by the anesthetist) with the baby awake.

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

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

Are there risks of any complications?

- Injury to the testicular vessels (in boys) means the testicle does not grow to full size and may shrink away - because the sac is near to these blood vessels they may get damaged during surgery.
- Injury to the sperm tube (vas deferens) on the side of the hernia may occur because of how near the sac is to the tube.
- There is a chance that the hernia may come back which means the operation will need to be done again, check for signs of a swelling as previously .
- High testicle - sometimes the testicle can get caught in the scar tissue from the operation and pulled back in the groin. This will be reviewed in clinic and you will notice the testicle is not in the sac.

The above complications are rare your child will be reviewed in 3 to 6 months time so the doctor will discuss any problems at that time.

- Wound infection - this usually responds well to oral antibiotics. The wound may look red and have pus, also your child will probably develop a temperature and feel unwell.
- Bruising and swelling - most of this will settle on its own.

Despite the above, the risks of the operation should be less than the risk of complications if the hernia was left untreated.

Aftercare advice following discharge

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

- Babies, infants and young children tend to recover rapidly.
- Feeds/ food and drink are usually allowed as soon as your child has woken up.
- A certain amount of discomfort after the operation is normal. We would advise regular pain relief for at least the first 48 hours. We will discuss with you the pain relief that can be given and what dose to give, before you go home.
- Keep the wound dry for 48 hours 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 well enough to return after a few days but 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 and you will be sent 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 can be expected.
- It will look bright pink.

But if there are any of the below problems 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, they will not need to be seen again
- Please contact Ward 10 on Tel: 0116 258 5362 if you need any advice or have any problems.
- If you have any concerns regarding the operation please contact your child's consultants secretary

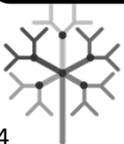
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