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So your child has an inguinal hernia...

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WHAT IS AN INGUINAL HERNIA?

Unlike inguinal (groin) hernias in adults, it was not caused by straining, heavy lifting... or "old age." Instead, it is a defect that has been present since birth: a small hole in the abdominal wall, through which the spermatic cord (in boys) or the ovarian ligament (in girls) passes, failed to close. As a result, abdominal contents (sometimes a loop of bowel, or the ovary; and sometimes, just fluid) can slip through that hole, into the groin or the scrotum. When the loop of bowel or the ovary gets stuck in the hole, the hernia is *incarcerated*. If the hernia is incarcerated, and the blood vessels to the loop of bowel are compressed, that piece of bowel may die off: the hernia is now *strangulated*.

WHY DOES A HERNIA HAVE TO BE FIXED?

To avoid strangulation. This 'hole' in the abdominal wall (*patent processus vaginalis* is the medical term) has been present since birth, and will not close on its own. Therefore, it is recommended to have it fixed as soon as it is diagnosed; waiting months or years only increases the risk of a complication.

WHAT NEEDS TO BE DONE BEFORE THE OPERATION?

Not much, really. Unless your child has a medical condition that requires it, no preoperative testing is necessary: no blood test, no X-ray, no urine test. One (business) day before surgery, you will be told when to come in for the oper-

ation. Your child will need to be without food or drink for several hours before the planned time of operation. Please follow the instructions closely; if your child does not have an empty stomach, anesthesia and surgery may be riskier.

WHAT HAPPENS DURING AND AFTER SURGERY?

The operation (including anesthesia) lasts about an hour. At the end of the operation, your child will wake up and be brought to the recovery room. Once everything is settled, someone will bring you to your child, so that you can be there before he/she is fully awake. Once your child is recovered, you will be allowed to go home. The stay in the recovery room should be about 1-2 hours.

WHAT HAPPENS WHEN WE GET HOME?

Your child may not be very active following the operation. In fact, he/she may be nauseous, and even vomit a few times. This is usually a result of the anesthesia, and is short-lived: it will be gone by the next morning. In the meantime, make sure your child is at least able to drink clear liquids, to avoid dehydration. An electrolyte solution such as Pedialyte® if your child is young (under 1 year), or any clear liquids (apple juice, broth) will do.

Your child should be much better by the next morning, and no further restriction of activities is necessary. He/she can go back to school or day care rapidly, usually within 48 hours. Although there is no risk of tearing or rupturing anything, any type of straddling activity (rocking horse, tricycle, bike) should probably be avoided for a few days. Although they may feel fine, school-age children may need a few extra days before they can participate in school activities fully.

Your child will have surprisingly little pain beyond the first 1 to 2 days after the operation. If your child is older than 1 year, you received a prescription for acetaminophen (Tylenol) with codeine; give him/her the prescribed dose, as often as every 4 hours. After 48 hours, plain acetaminophen (e.g. Children's Tylenol) will be sufficient.

If your child is under one year, do not give codeine; rather, give plain Tylenol (infant Tylenol, or similar product) as needed (as often as every 4 hours)

HOW DO I CARE FOR THE INCISION?

The incision in the groin is about one inch wide, in a skin crease. It is sutured inside with an absorbable suture: this suture will dissolve in a week or two, and will not have to be removed. The area is also covered with a plastic film (collodion) or steri-strips, which keeps the area somewhat waterproof. The plastic layer will peel off in about a week. Still, it is better not to give your child a bath for about 3 to 4 days (sponge-bathing is better).