

Inguinal Hernia Repair (child)

Local Information

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What is an inguinal hernia?

An inguinal hernia is a where the contents of the abdomen push down towards the scrotum in boys, or labia (folds of the skin at the entrance of the vagina) in girls,

Your surgeon has recommended a hernia operation for your child. This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too.

If you have any questions that this document does not answer, ask your surgeon or healthcare team.

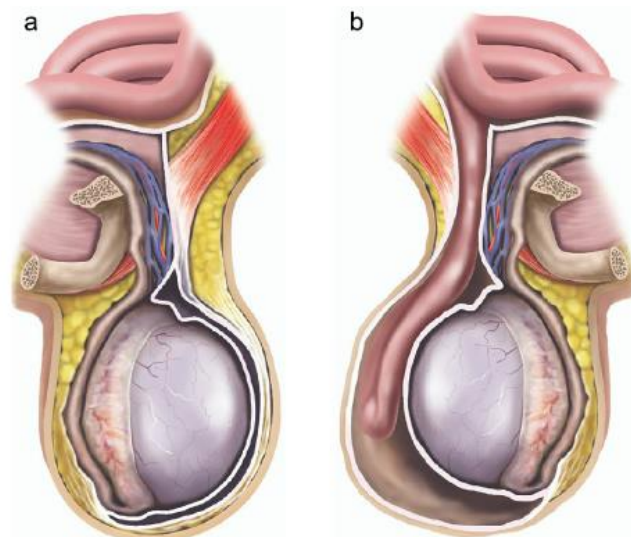


An inguinal hernia in a boy

How does a hernia happen?

An inguinal hernia happens at the inguinal canal. This is a narrow passage where, in boys, blood vessels supplying the testicle pass through the abdominal wall. In girls the connection is between the abdomen and labia. The passage usually closes shortly after your child is born. If it remains open, the contents of the abdomen can push down towards the scrotum or labia.

If a child develops an inguinal hernia on one side, they are more likely to develop one on the other side later in life (risk: less than 1 in 10 for children over 2 year).



a Normal development

What are the benefits of surgery?

Your child should no longer have the hernia. Surgery should prevent your child from having any of the serious complications that a hernia can cause and allow them to return to normal activity.

Are there any alternatives to surgery?

The hernia will not get any bigger without surgery.

What will happen if I decide that my child will not have the surgery?

The hernia will get larger with time. It can also be dangerous because the intestines or other structures within the abdomen can get trapped and can have their blood supply cut off (strangulated hernia) (3 in 10 for premature babies and children under 1 year, 1 in 10 for older children). This needs an urgent or larger operation, with a higher risk of developing serious complications. If left untreated, a strangulated hernia will cause damage to the testicle (in boys), or ovary (in girls) or bowel and may cause death. So, if your child develops tenderness over the hernia, has green coloured vomit or the hernia is hard and cannot be put back into the abdomen, they may have a strangulated hernia and need surgery urgently.

If you think your child has a strangulated hernia, take them to hospital straight away. Do not give them anything to eat or drink.

What does the operation involve?

Inguinal hernias can be repaired using keyhole surgery but most inguinal hernias in children are repaired through a cut in the groin. The cut is usually made close to a skin crease to make the scar harder to see.

The healthcare team will carry out a number of checks to make sure your child has the operation they came in for and on the correct side. You can help by confirming your surgeon, your child's name, and the operation they are having.

The operation is performed under a general anaesthetic and usually takes about an hour. Your child may also have injections of local anaesthetic to help with the pain after the operation. Your child may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut in the groin and find the 'hernial sac'.

In boys, the sac is stuck on to the blood vessels that supply the testicle. It is also stuck on to the vas, the tube that will carry sperm away from the testicle. In girls, the hernia can contain an ovary or part of the fallopian tube.

Your surgeon will put back the contents of the sac into the abdominal cavity and peel the sac away before tying it off. They will close the skin with disposable stitches.



The cut usually made to repair an inguinal hernia

What should I do about my child's medication?

Make sure your healthcare team know about all the medication your child takes and follow their advice. This includes all blood-thinning medication as well as herbal and complimentary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make my child's operation a success?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

Your child can reduce his risk of infection in a surgical wound.

- Your child should have a bath or shower either the day before or on the day of the operation.
- Your child should keep warm around the time of the operation. Let the healthcare team know if your child feels cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is common for the groin, penis, or scrotum to be bruised. Your child will not usually need a blood transfusion or another operation.
- Inflammation (swelling and redness), which may develop around a stitch.
- Infection of the surgical site (wound). It is usually safe for your child to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if your child gets a high temperature, you notice pus in the wound, or if their wound becomes red, sore, or painful. An infection usually settles with antibiotics, but your child may need special dressings and their wound may take some time to heal. In some cases, another operation might be needed (risk: less than 2 in 100). Do not give your child antibiotics unless you are told they need them.
- Allergic reaction to the equipment, materials, or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the doctor know if your child has any allergies or if they have reacted to any medication or tests in the past.

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) under the wound. This usually settles within a few weeks.
- Developing a hydrocele, which is a swelling around the testicle which is caused by a

collection of fluid. If it does not settle, the fluid will need to be drained using a needle or another operation through the scrotum.

- Injury to structures within the hernia that comes from the abdomen. Your child may need another operation.
- Damage to nerves that supply the skin around the groin, leading to a numb patch or continued discomfort.
- Damage of the blood supply to the testicle. The testicle on the same side as the operation may shrink and not work (risk: 4 in 1000). Fertility may then depend on whether the testicle on the other side is working normally.
- The testicle may come to lie higher in the scrotum (risk: less than 8 in 1000). Your child may need another operation to bring the testicle down.
- Damage to the vas (risk: 3 in 1000). The risk is higher for premature babies. Any damage is usually repaired during the operation, but the vas may not be able to carry sperm. Fertility may then depend on whether the vas on the other side is working normally.

Consequences of this procedure

- Pain. The healthcare team will give your child medication to control the pain and it is important that they take it as you are told so they can move around and cough freely.
- Unsightly scarring of the skin.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward. They should be able to go home the same day or the day after. However, your doctor may recommend that your child stays a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Children often recover quickly and can be back to normal within a few days. Your doctor will tell you when your child can return to school. This is usually 5 to 7 days.

Your child can return to normal activities as soon as they feel comfortable. This may take up to 4 weeks. They should not do strenuous exercise during this period.

The future

Most children make a full recovery and can return to normal activities. However, the hernia can come back (risk: 1 in 100 for babies less than 4 weeks old, 4 in 100 for premature babies, less than 1 in 200 for children). This depends on the size of your child's hernia, the strength of their abdominal muscle, if they are overweight or if they have underlying medical problems. The risk is also higher if the hernia caused structures within the abdomen to get trapped (risk: 2 in 10). If the hernia comes back, your child may need another operation.

In the future, let health professionals know that your child's scar is from a hernia repair and not an appendicectomy. Make sure your child can explain this too.

Summary

An inguinal hernia is a common condition. It is caused by the contents of the abdomen pushing down towards the scrotum or labia. If untreated, an inguinal hernia can cause serious complications. Surgery is usually safe and effective, but complications can happen. You need to know about them to help you make an informed decision about surgery for your child. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgments

Reviewers: Shailinder Singh (DM, FRCS) Jonathan Sutcliffe (FRCS)

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