

## PS01 Inguinal Hernia Repair (child)

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### Local Information

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## Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

## What is an inguinal hernia?

An inguinal hernia is where the contents of the abdomen push down towards the scrotum in boys, or labia (folds of skin at the entrance of the vagina) in girls (see figure 1).

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 the healthcare team.



Figure 1  
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 (see figure 2).

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 years).

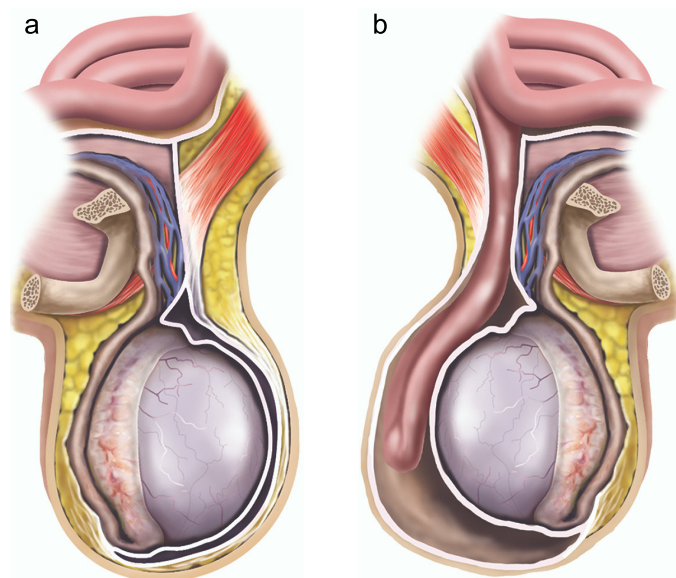


Figure 2  
a Normal development  
b An open connection causing a hernia

## 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 activities.

## Are there any alternatives to surgery?

The hernia will not get better without surgery.

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

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 have their blood supply cut off (strangulated hernia) (risk: 3 in 10 for premature babies and children under 1 year, 1 in 10 for older children). This needs an urgent and 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 straightaway. 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 on 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 to your surgeon and the healthcare team 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 on the groin and find the 'hernial sac' (see figure 3).



Figure 3

The cut usually made to repair an inguinal hernia

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 dissolvable stitches.

## 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 their risk of infection in a surgical wound.

- In the week before the operation, your child should not shave or wax the area where a cut is likely to be made.
- Your child should have a bath or shower either the day before or on the day of their 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

- 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 about and cough freely.

- 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.
- Unsightly scarring of the skin.
- 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 their wound, or if their wound becomes red, sore or painful. An infection usually settles with antibiotics but your child may need another operation (risk: less than 2 in 100).

### 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 caused by a collection of fluid. If it does not settle, the fluid will need to be drained using a needle or by another operation through the scrotum.
- Injury to structures within the hernia that come 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 1 000). 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 1 000). Your child may need another operation to bring the testicle down.
- Damage to the vas (risk: 3 in 1 000). 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 and testicle on the other side are working normally.

## 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 after 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 time.

### 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 other children). This depends on the size of your child's hernia, the strength of their abdominal muscles, 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, 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 left 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 to 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.**

**Acknowledgements**

Reviewers: Mr Shailinder Singh DM FRCS (Paed. Surg.), Mr Jonathan Sutcliffe FRCS

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