

Inguinal Hernia or Hydrocele Repair



Dr Monja Proctor

What is an inguinal hernia?

A hernia is a bulging of tissue through an opening in the abdomen. An inguinal hernia (pronounced ING-win-ul) occurs near the crease between the abdomen and legs. You will notice a bulge or swelling under the skin in the groin area. The swelling can extend down into the scrotum in boys and labia in girls. The swelling may come and go.

An inguinal hernia is formed by a sac of tissue in the groin that normally closes before birth and is related to testicular descent into the scrotum. If the sac does not completely close off, a connection remains between the groin and lower abdomen. Fluid, intestine, or even an ovary in girls can fill the sac and cause it to swell.



Dr Edwin Hatch

What is an Hydrocele?

A hydrocele occurs when a persistent sac remains with a small opening to the abdomen. Fluid normally found in the abdomen flows into the sac that surrounds the testicle. Scrotal swelling will occur, which is usually not accompanied by pain, redness or tenderness. Surgical correction (hydrocelectomy) is similar to the herniorrhaphy. The scrotal swelling may not disappear for several weeks until the fluid is reabsorbed. Most of the time a hydrocele will resolve without the need for surgery.

What are the symptoms?

An inguinal hernia causes a bulge or swelling that you can see under the skin in the groin area.

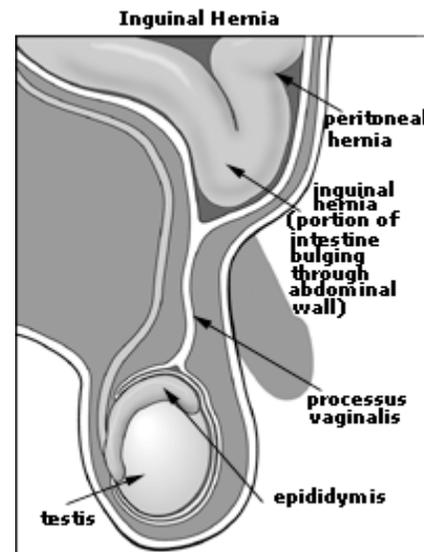
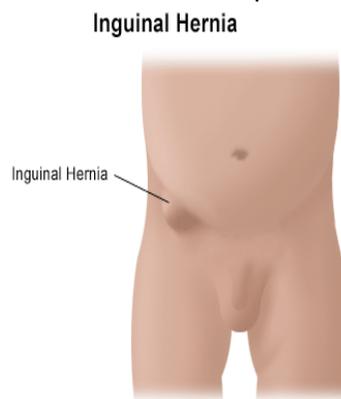
Many children with a hernia seem to be comfortable and act like they usually do. Other children are fussy or complain of pain with exercise. If the bulge comes on suddenly, your child may become cranky, cry out in pain or not want to eat. If the intestine is trapped in the sac (incarcerated) your child may be in pain and may vomit. This can be an emergency and you are advised to seek medical help.



Dr John Lawrence



Dr Robert Weinsheimer



Why does the inguinal hernia need to be repaired?

An inguinal hernia will not go away if left alone. Activities such as running, crying or straining for a bowel movement can make the hernia appear larger and be uncomfortable. Sometimes the hernia can become incarcerated or stuck. This means a portion of the intestine and in girls it may be the ovary may have slipped through the opening and become twisted or caught. This may stop the blood supply to these tissues and lead to serious damage (strangulation). You may notice your child is in pain. You may see and feel a tender hard lump in your child's groin. If this happens and your usual ways to comfort your child do not work call your doctor immediately. These may be signs of incarceration. This can happen at any time your child has a hernia. That is why it is important to get treatment for the hernia as soon as you find it.

How is an inguinal hernia treated?

An inguinal hernia is usually repaired as a same day outpatient surgery at the hospital. Your child will have a general anesthesia for the surgery. This means we will give your child medicine to make him/her sleep and have no pain during the surgery. The surgery is done through a small cut (incision) on the lower abdomen. If there are hernias on both sides, there will be two incisions, one on each side. The surgery involves gently pushing the intestine or ovary back into the abdomen and closing the sac. The incisions are usually closed using stitches that dissolve. These stitches cannot be seen from the outside and do not need to be removed.

How do I care for my child at home?

Incision

Keep the incision clean and dry for 48 hours after surgery. The incision will be covered with clear surgical glue or steristrips.

The stitches will dissolve and do not need to be removed. Your surgeon will tell you if there are any outside stitches that need to be removed.

There will be some swelling and possibly some bruising of the groin area.

Diet

Your child should drink plenty of fluids and a light diet the evening after surgery. The next day your child can resume a normal diet as tolerated.

Comfort

Following surgery pain and discomfort is normal. Give painkillers around the clock for the first 24-48 hours and then as needed after that. Some children need more medicine than others.

Activity

Your child should not have a bath or swim for the first 48 hours after surgery.

Infants and toddlers resume activity as tolerated. Older children limit their own activity and resume normal activity as they feel comfortable. Avoid rough play, contact sports, bicycle riding and playground climbing equipment for about 2 weeks.

Return to school when child feels comfortable. School excuse notes are available on request.

Follow up

The surgeon will see your child 1-4 weeks after surgery.

When do I call the doctor?

Fever (greater than 101 degrees Fahrenheit)

Redness, swelling or persistent pain at the incision.

Redness that spreads downward from the incision site.

Inability to urinate within 8-12 hours after surgery.

Vomiting

Please call the pediatric surgery office at 206-215-2700 if you have any questions about pain control, infection or other concerns.

Notes



Pediatric General Surgery
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For a free physician referral:
1-800-SWEDISH (1-800-793-3474)
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