



Dr. Angela Hanna

Inguinal Hernia (girl)

Normally, organs in the abdomen are held in place by layers of muscle that make up the abdominal wall. Hernias happen when tissue, a piece of intestine or another organ in the belly pushes through that layer of muscle.

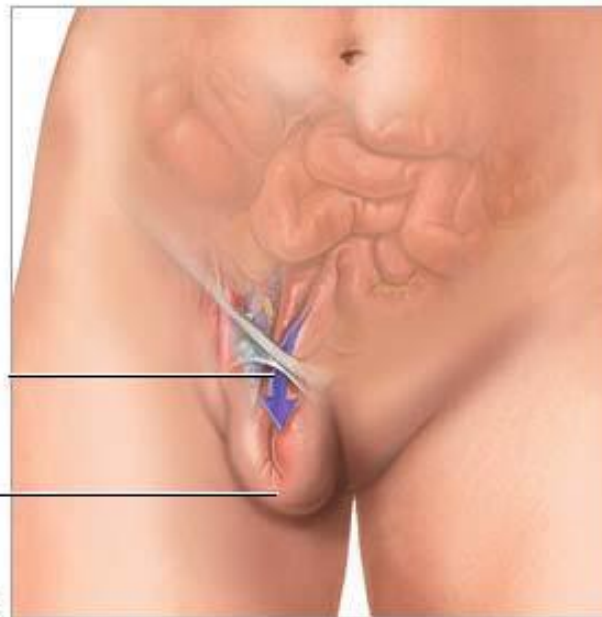
An inguinal hernia (pronounced ING-win-ul) occurs in the groin near the crease where the leg meets the torso. A hernia presents as a bulge in this area. The swelling can extend down into the scrotum (the sack that holds the testicles) in boys, and the labia (outer lips of the vagina) in girls.

Inguinal hernias are very common in babies, especially if they are born premature. There is a canal connecting the scrotum and the abdomen that is open during fetal development. Normally, this connection closes shortly after birth, but if it doesn't, a hernia can occur.



Dr. Rob Weinsheimer

Herniated
intestine
causing
visible bulge



 ADAM.

**Pediatric General
Surgery**
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What are the symptoms of an inguinal hernia?

The main symptom of an inguinal hernia is a soft bulge in the groin that comes and goes. You might notice it sticks out more when your child is crying or straining, and it goes away or is smaller while the child is calm. Typically, the hernia does not seem to cause any discomfort or stress for the child; however, he may be fussy and not eat well. If the hernia becomes stuck out, your child may be in pain, and may vomit. A hernia that becomes stuck is an emergency.

What do I do if the bulge becomes stuck out?

If the bulge becomes stuck out, it means that the intestine, tissue or organ inside the hernia is trapped. This is called an **incarcerated hernia**. It is possible for the blood supply to these tissues to be cut off which could lead to serious damage (**strangulation**).

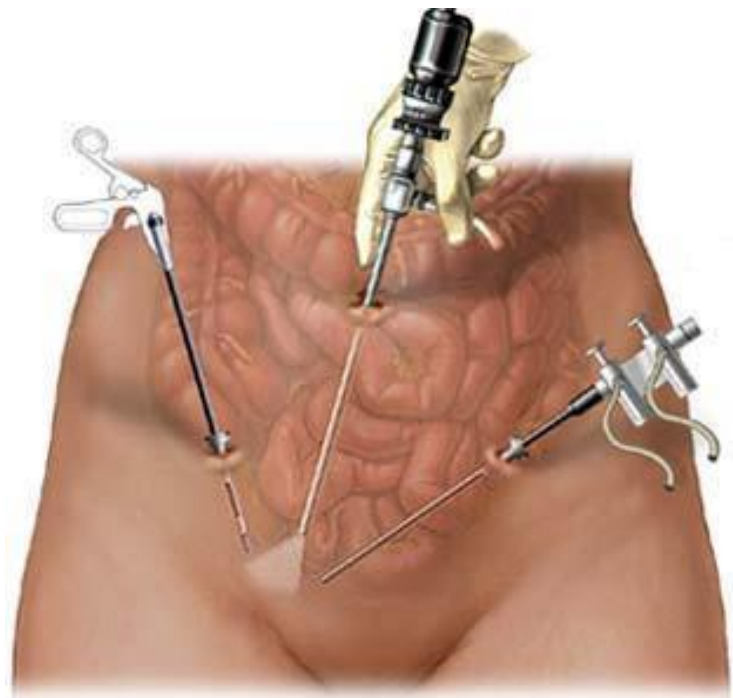
Symptoms of an incarcerated hernia include:

- the bulge becomes stuck out and won't go back in
- the bulge is tender to the touch
- the bulge becomes firm
- the bulge becomes red or blue
- crying and usual methods to console child do not work
- vomiting
- swollen (distended) belly

An incarcerated hernia is considered an emergency, and you should seek medical help immediately. You can reach the surgeon on call for our clinic after hours and on weekends at 206-215-2700. If it is during the daytime on a week day call Whitney, RN at 206-215-2215

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 she will be given a medicine to make her sleep and feel no pain during the surgery. The surgery can be done 1 of 2 ways. One way is called an open technique. In this approach, the surgery is done through a small incision on the lower abdomen. If there are hernias on both sides, there will be two incisions, one on each side. The second way is a laparoscopic technique. In this approach, 3 tiny (3-5mm) incisions are made, 1 in the belly button and 2 on the sides of the abdomen to accommodate a camera and the special surgical instruments used for the repair. In a laparoscopic surgery, the surgeon is able to visualize both the left and right sides to evaluate and repair a hidden second hernia on the other side if necessary, requiring no additional incisions. In each technique, after the incisions are made, the hernia is gently reduced back in to the abdomen, and the sac containing the hernia is repaired. The incisions are closed using a few stitches that dissolve. The stitches cannot be seen from the outside and do not need to be removed.



Post-surgical care: **How do I care for my child's incision?**

Care of the surgical site:

If your child has steri-strips (little paper bandages) over their incisions, you should wait 2 days before showering and 1 week before swimming or bathing. Eventually the steri- strips will fall off on their own. Do not pull them off.

If your child's incisions are covered only with clear or blue surgical glue, you can begin bathing your child as normal the day following surgery.

Bruising and swelling in the area are normal following surgery.

Please call our office following surgery if you notice any signs or symptoms of infection or other complication:

- Fever greater than 101 degrees Fahrenheit**
- Redness, swelling, drainage and/or persistent pain at the incision site**
- Redness that spreads away from incision site**
- Inability to urinate within 8-12 hours following surgery**
- Vomiting**

What should I feed my child after surgery?

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

How can I keep my child comfortable after surgery?

Following surgery, pain and discomfort is normal. Some children require more pain medication than others. Painkillers such as Tylenol and/or Ibuprofen (depending on your child's age) can be given around the clock for the first 24-48 hours and as needed after that. Sometimes, a stronger pain medication is prescribed. This prescription medication should be used for severe breakthrough pain that is not covered by the over the counter pain medicine (Tylenol or ibuprofen). Consult pharmacist when picking up prescription medication for proper instructions and side effects.

Will my child have any activity restrictions following surgery?

Infants and toddlers will resume activity as tolerated. All children should avoid rough play, contact sports, straddle toys, bicycle riding and playground climbing equipment for 2 weeks. The basic rule is to avoid activities in which your child might ignore pain from the surgery.

School age children can return to school when they are comfortable, usually after a day or two. School excuse and PE excuse notes are available upon request.

Is follow up with the surgeon necessary?

Our team will contact you by phone a day or two after surgery. The surgeon will typically see your child 2-4 weeks following surgery in clinic to be sure the surgical site is healing correctly and to address any concerns you might have.

Notes:
