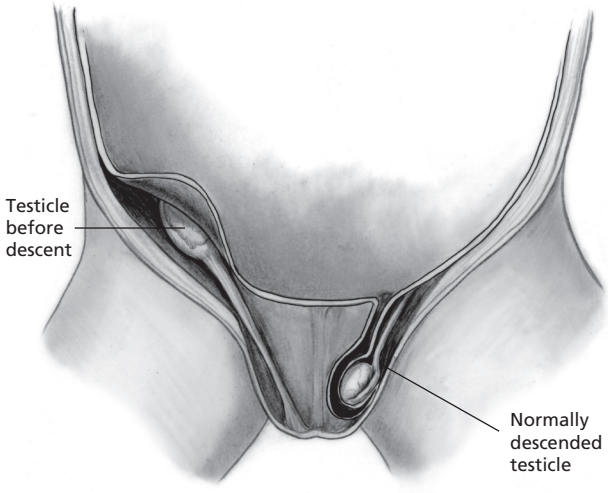
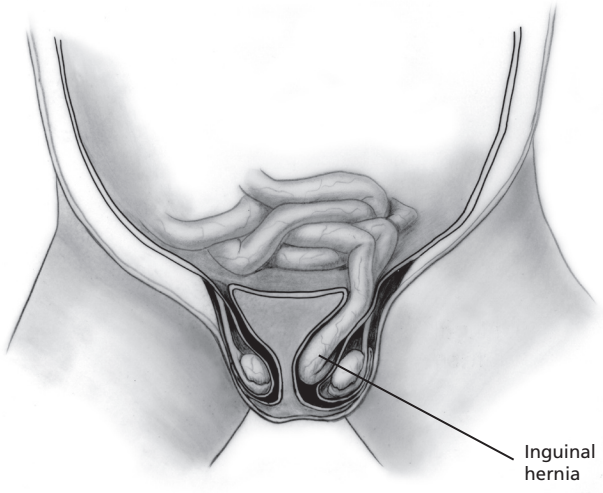
Let's Talk About...

Inguinal hernia





An inguinal (ING-gwin-ul) hernia happens when part of the intestine bulges through a ring-like opening in the lower abdominal wall. Before birth, an opening in the lower belly wall allows testicles to move into the scrotum of boys. The same opening allows ligaments to support the uterus in girls. In both cases, the opening normally seals off before birth. If the opening does not close, an inguinal hernia may develop. This is the case for almost two out of every 100 babies. When children cough, strain, or have a swollen belly, they can squeeze a part of the intestine through the opening to cause a hernia.

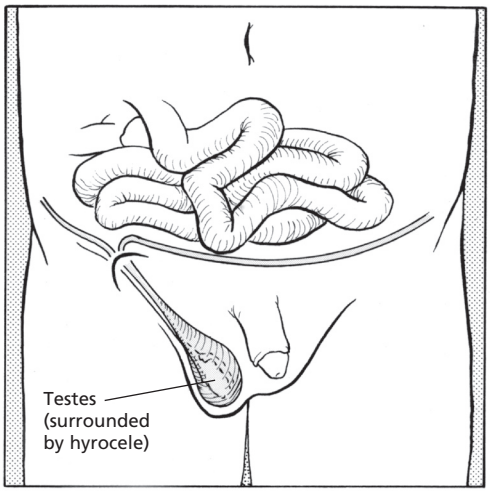
Premature babies have a greater chance of getting inguinal hernias because they haven't fully developed. Children almost never get a hernia from an injury.

Why is it important to repair a hernia?

You should schedule a time to have your child's hernia repaired soon after the doctor finds it, if your child is healthy. The operation is not urgent as long as the intestine can slide back into the abdomen with gentle pushing or when the child relaxes. If your child has this kind of hernia, there is usually not much discomfort.

However, part of the intestine may become trapped outside and cannot be easily pushed back into the abdomen. When this happens, the hernia is said to be "incarcerated" (in-CAR-sir-ay-ted). This is a surgical emergency. Children with this condition can have blocked bowels, their bellies may swell, they may vomit, and they may not be able to have bowel movements. If the hernia is not relieved quickly, the intestinal blood vessels can become pinched off, and the trapped intestine will die. In addition, an incarcerated hernia may injure blood vessels connected to a testicle or an ovary. An incarcerated hernia can happen at any time (if kids have a hernia already). This is why most children, even small babies, should have their hernias repaired right away.

Sometimes only fluid, not part of the intestine, surrounds the testicle or flows through the opening. This is called a hydrocele (HI-drow-seal). Hydroceles usually go away on their own during the first year of life. Hydroceles should be repaired when



Hydrocele

they last a year or more. The surgical repair of a hernia or hydrocele in children is essentially the same procedure.

How do you schedule the surgery?

If your child has been scheduled through Same Day Surgery, call 801.662.2822 one working day before the operation. You will be given instructions about your child's diet, medicines, and any other preparations. You will also be told the time you and your child should come to Primary Children's Medical Center. We offer a pre-operative preparation class for children to introduce the hospital in a fun, reassuring way. The class is offered Monday through Thursday — call 801.662.2824 if you and your child would like to attend.

Nurses and doctors will ask about your child's medical history and do physical exams when you arrive in the Same Day Surgery unit. This is done so they can know about any new illness that might have developed since the operation was scheduled. If your child has a respiratory (breathing) illness, a fever, or a skin rash in the area of the surgery, you may be asked to cancel the surgery and reschedule.

A blood sample may be taken either the day before or the morning of the procedure. This is done to know which medicines your child can use and to check for a hidden infection.

What happens during the surgery?

Your child's surgeon will answer questions and explain details before and after the operation. Usually, a small opening is made in the skin of the groin. Most of the time, stitches are buried under the skin. They are absorbable and do not need to be removed. Small paper tapes (called Steri-strips) usually cover the opening and should be left in place for two weeks. If normally ok, the tapes fall off sooner.

Your child receives a general anesthetic to help him sleep during the procedure. To prepare for this medicine, your child cannot eat or drink anything for a certain number of hours before the surgery. You will be told how long this is when you schedule the surgery. After your child wakes up and the care team has a chance to make sure your child is doing well, you can see your child. You and your child can usually go home about three to four hours after the surgery.

What can you do at home for your child?

Medicines

You can give your child acetaminophen (Tylenol®) every three to four hours, if needed. The dosage varies depending upon the size of your child. Make sure you ask your child's nurse or doctor how much can be given safely. A stronger pain reliever may be given for some children. Any other medicines your child took before the operation can be continued on the regular schedule.

Diet

Older children sometimes feel sick to their stomach at home. At first, your child may take liquids better than solid foods. There are no dietary restrictions once your child is awake and hungry.

Activity

Small children can do everything they normally do. Older children should avoid contact sports for at least three weeks. The hernia repair is probably not at risk, but a blow to the healing area could break open the skin closure. Discuss the details of activity with your child's surgeon, but active sports and any lifting or straining should be restricted for three to six weeks.

Wound care

- Always wash your hands before touching or cleaning the healing area.
- It is common to see some blood stains on the paper tapes. If the blood is dry and not spreading, the staining is not a problem. If the blood seems fresh, the amount of blood is increasing, or the paper tape is blood soaked and partly floating above the skin, please call your child's surgeon. The problem is usually minor but a professional may need to look at it.
- Swelling and discoloration of the scrotum are common after surgery for very large hydroceles, large hernias in small infants, and hernias that have been incarcerated. Both the swelling and the discoloration should go away on their own. On rare occasions, there can be bleeding into the scrotum. If the scrotum is firm, abnormally enlarged, and looks different than it did when your child left the hospital, please call your surgeon.

Bathing

Do not give your child a tub bath after the operation for the length of time told by your surgeon. Normally this is at least five days. Soaking will separate the paper tapes and the wound could break open. You can sponge bathe babies or let your older child shower the day after the operation. The paper tapes should be carefully patted dry after showering.

Call your doctor if...

- Your child has a fever higher than 101°F that does not come down with Tylenol®. A mild fever is common after surgery.
- Your child has trouble breathing or has a cough.
- Your child bleeds from the area where the opening was made.
- Your child's scrotum abnormally swells, changes color or both.
- There is redness, pus, swelling, or persistent pain in the healing area.

Follow-up

A follow-up exam by your child's surgeon, usually a few weeks after the operation, is very important. You should schedule this with the surgical office before leaving the hospital. If a return visit is not possible, please call your surgeon's office after two weeks.

Important phone numbers

Same Day Surgery at Primary Children's Medical Center: **801.662.2822**

Pediatric Surgery Resident, Primary Children's Medical Center: **801.662.1000** (Page through operator)

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Primary Children's
Medical Center
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Pediatric Education Services
801.662.3500 Rev. 08/08

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