### What is a hernia?
A hernia is a bulging of tissue through an opening, usually in the belly area (abdomen). An inguinal hernia (pronounced ING-win-ul) occurs near the crease between the abdomen and leg.

You can see it as a bulge or swelling under the skin in the groin area. The swelling can extend down into the scrotum in boys or the labia in girls. You may notice that the swelling comes and goes. You may have found the hernia while diapering or bathing your child.

Unlike hernias in adults, your child’s hernia is not due to a muscle weakness. In children, an inguinal hernia is formed by a sac of tissue in the groin that normally closes before birth. If the sac does not completely close off, a connection remains between the groin and the lower belly. Fluid, intestine, or even an ovary in girls, can fill this sac and cause it to swell.

### 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, your child will probably have pain. They may vomit, and the bulge may feel hard.

### How is it diagnosed?
The surgeon will carefully examine your child’s belly area and groin to feel if a hernia is present. They will check both sides because there may be a hernia on both sides.

### 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 the ovary, may slip through the opening and become twisted or caught there. This may stop the blood supply to these tissues and lead to serious damage. You may notice your child seems to be in pain. You may see and feel a tender, hard lump in your child’s groin. These may be signs of incarceration and needs treatment right away. This can happen at any time when your child has a hernia. That is why it is important get treatment for the hernia as soon as you find it.
Inguinal Hernia Care

How is an inguinal hernia treated?

It is repaired as an outpatient procedure (your child will go home the same day as surgery) at the hospital. If your child is a premature infant, they may need to stay overnight in the hospital to be carefully watched. The surgery is done through a very small cut (incision) on the lower abdomen. If there are hernias on both sides, there will be incisions on each side. The surgery involves gently pushing the intestine or ovary back into the abdomen, and closing up the sac and the lower belly. The incisions are closed using stitches that dissolve on the inside. These stitches cannot be seen from the outside, and they do not need to be removed. For teenagers, the surgeon may also use some outside stitches that need to be removed a week after surgery.

Pain control during surgery

Your child will receive general anesthesia, which causes them to sleep without pain. We also use regional anesthesia, or regional blocks. With a regional block, your doctor uses ultrasound to find the nerves that supply the area being operated on. Then local anesthetics (numbing medicines) are sent to that area through an injection or a catheter.

Regional blocks have these advantages that many parents find comforting:

• Your child will receive a lighter amount of general anesthesia.
• Most kids will have less nausea and feel more alert after surgery.
• Your child will likely need less pain medicine after surgery.
• The effects of a regional block can last about 6 hours.

When should my child’s inguinal hernia be repaired?

You will talk about the timing of the surgery with your child’s surgeon. Usually the surgery can be planned for a good time when your child is healthy, within 1 to 4 weeks of the visit with the surgeon.

How do I care for my child at home?

Incision

• The incision will be closed with dissolvable stitches. You won’t see any stitches on the outside skin.
• Dermabond (tissue glue) is used to cover the incision. This will usually peel or flake off on its own within 10 to 14 days.
• It is okay to shower 24 hours after surgery.
• No tub bathing or swimming for one week after surgery.
• There will be some swelling of the groin area and mild bruising around the incision, scrotum or labia. This can take several weeks to go away.

Pain and comfort after surgery

We partner with you and your child to prevent and relieve pain as completely as possible. You know your child best. No matter the level of your child’s pain, believe they are hurting and respond right away. After a surgery your child is likely to have some pain and discomfort. The surgeon will send pain medicine home with you to make sure your child stays comfortable. We will work with you to create a plan that encourages coping activities to treat pain and provide support.
Diet and food

Your child should drink plenty of liquids and eat light meals the evening of surgery. The next day, your child can eat what they would usually eat, if they feel well enough.

Activity

• Younger children will limit their own activity and can be as active as they feel comfortable.
• Teens should avoid rough play, PE class, and contact sports for 1 week.
• No lifting greater than 15 pounds, sit ups, or excess use of abdominal muscles for 3 weeks
• It is OK for your child to run or ride a bike if it is comfortable for them.
• Some school-aged children may need to stay home to rest 1 day after surgery. If they feel well enough, they can return to school after that.

When should I call the doctor?

One of the General Surgery nurses will call you 5 to 7 business days after surgery to check on you. There is no follow-up clinic visit needed, but you are welcome to schedule a follow up visit if you would like to be seen or if you have any concerns.

Please call the surgeon’s office if your child has:

• Fever of 101.5°F or higher for more than 24 hours
• Redness that spreads around the incision site
• New bleeding or drainage from the incision site
• Severe, constant pain at the surgery site
• Inability to urinate within 8 to 12 hours from surgery
• Vomiting
• Persistent scrotal swelling that lasts more than a couple of months.

If you have questions or concerns, please call the nurse in the General Surgery Clinic at 206-987-2794. After hours or on weekends call 206-987-2000 and ask for the on-call General Surgeon to be paged.