
Children's Services

Inguinal Hernia – in children

What is an inguinal hernia?

An inguinal hernia is a tube (also called a 'pouch' or 'sac') that passes through a natural hole in the muscles of the groin. This tube is made up of the lining of the inside of the abdomen and is present in all babies before birth. The tube should have closed as part of development before birth but sometimes it does not. There is no way of preventing an inguinal hernia; it is not due to anything a mother did in pregnancy.

When intestine gets into the tube it can be seen as a swelling/bulge in the groin area. When no intestine is in the tube things appear normal but the hernia is still present.

Your child may have only one inguinal hernia, other children (approximately 1 in 20 boys but rare in girls) have an inguinal hernia on both sides.

How is an inguinal hernia treated?

Your child will need to have an operation as there is a risk that a piece of bowel can become trapped in the inguinal hernia (this is called a 'strangulated hernia'). This would cause your child to become unwell with pain and can cause damage to the bowel (and to the testis in a boy) if not treated promptly.

How will I know if my child's hernia has strangulated and what should I do?

If your child's inguinal hernia has strangulated he/she will be inconsolable with a hard sometimes red, swelling. If they develop signs of strangulation of the hernia you should take your child to your nearest Emergency department (A&E) urgently.

In the emergency department a doctor will examine your child and if the hernia is strangulated, the doctor will try to 'reduce' the hernia by a specific type of pushing action. Sometimes strong painkillers need to be given (such as morphine) before the hernia can be reduced and occasionally, if the hernia can still not be reduced, your child will require an emergency operation. If the doctor successfully reduces the hernia in the emergency department without any strong painkillers being needed your child will often be permitted to go home and return to hospital for a planned operation. If strong painkillers were needed your child will usually be kept in hospital for monitoring then, after 24 to 48 hours when any swelling has settled, undergo an urgent operation before subsequently being discharged.

There is nothing that you can do to prevent your child's hernia from strangulating. The only way to prevent this is to carry out the operation to fix the hernia. Inguinal hernias in very young babies are at greater risk of strangulation than in the older baby or child. The urgency of your child's operation will depend on their age.

Before admission to hospital

- **Preoperative assessment:**
You will be asked to complete a 'health screening questionnaire' when your child is added to the waiting list; this will be completed immediately after your appointment if your child was seen in one of our clinics at Addenbrooke's or, over the telephone if your child was reviewed in one of our outlying clinics.
- **Purchasing suitable painkillers:**
It is important that you purchase some children's pain killers such as Paracetamol (e.g. Calpol) and Ibuprofen before admission to hospital so that you have these available at home after discharge.
- **If your child becomes unwell:**
If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. Please telephone us (the telephone number is provided at the end of this leaflet) to discuss, prior to coming to hospital.
- **Starvation times**
Your child will not be able to eat and drink before the operation. Specific advice about this will be given on the booking letter once a date for surgery is confirmed.

Admission to hospital

Depending on your child's age and any underlying conditions (e.g. epilepsy) you will be asked to bring your child to either the day surgery unit or one of the children's wards on the morning of the operation. You will be seen by nursing staff, your doctors and an anaesthetist (who puts your child to sleep for the operation). You will be able to be present while your child goes to sleep and may also be present in the recovery area when your child wakes up.

The operation

The operation to correct the inguinal hernia is called an 'inguinal herniotomy' and is carried out under general anaesthetic. The surgeon will make a small cut in the groin area and locate, disconnect and close the tube.

The wound is stitched on the inside of the skin so you will not be able to see any of the stitches. All stitches are dissolvable. Sometimes paper tapes (called 'steristrips') are also applied.

Local anaesthetic will be used at the end of the operation so that when your child wakes up he/she will usually experience little discomfort.

If your child has an inguinal hernia on both sides, both can be operated on at the same time (called a 'bilateral inguinal herniotomy'). If he/she has an inguinal hernia on only one side (a 'unilateral herniotomy'), the surgeon will also examine the opposite side (by feeling it) under the anaesthetic and operate on both sides if he/she is sure that a bilateral hernia is present.

After the operation

- Once your child is fully awake he/she will be able to have a drink and then something to eat.
- Painkillers (called 'analgesia') will be given as needed (usually Paracetamol and/or Ibuprofen).
- Most children who have had an inguinal herniotomy will be able to go home on the same day as their operation.
- However, small babies and some children who had strangulated hernias need to stay overnight. If your child does need to stay in hospital overnight we will provide a bed for a parent to also stay if you wish to do so.

After the operation you may not see an immediate change in appearance because of the swelling that is evident. The swelling may take a few weeks to completely resolve.

What are the complications of an inguinal herniotomy?

Complications from this operation are rare. Rare complications include:

- Infection
- Recurrence of the inguinal hernia
- Damage to the sperm duct/blood vessels pertaining to the testis (in boys)
- In boys, testicular ascent is a rare complication; this means that the testis ascends up and out of the scrotum and so a further operation is then needed to re-position it back in the scrotum again.

Sometimes, although the surgeon could only detect a unilateral inguinal hernia (i.e. only on one side), a hernia later becomes evident on the opposite side. The child will then need to undergo a herniotomy operation on that side too.

Discharge advice

- Your child's wound should be kept clean and dry; they should not be bathed for five days after the operation (wiping over the area with warm water is fine).
- We advise that your child wears loose fitting clothes for a few days after his/her operation. Denim trousers for example can rub on the wound and make it sore.

- Babies, infants and toddlers do not need to have their activities reduced. However, older children may find some physical activities (such as PE at school, bicycle riding and swimming) uncomfortable. They should therefore refrain from these for one to two weeks.
- Paracetamol ('Calpol') and/or Ibuprofen ('Brufen' or 'Junifen') should be given to prevent pain. Do follow the instructions on the bottle.
- Occasionally a wound can become infected. If your child's wound becomes red or there is increased tenderness, contact your GP.

Follow up

Whether any surgical follow up is required will depend upon your child's age at the time of surgery and also whether or not the hernia had been strangulated. Where follow up is advised, review will take place three to six months after surgery to check for healing of the wound, ensure there has been no recurrence and, in boys, for testicles to be checked for size, symmetry and to ensure there has been no testicular ascent. Review may be held in the children's outpatient clinic at Addenbrookes or at one of our outlying clinics. You will be informed at the time of discharge whether your child requires a follow up review and if so, where and when your child's review is scheduled for.

Chaperoning:

During your child's hospital visits your child will need to be examined to help diagnose and to plan care. Examination may take place before, during and after treatment, is performed by trained members of staff and will always be explained to you beforehand. A chaperone is a separate member of staff who is present during the examination. The role of the chaperone is to provide practical assistance with the examination and to provide support to the child, family member/carer and to the person examining.

For further information/queries please contact:

The ward you were on.....

Your nurse specialist...01223 586973 (Mon to Fri 08:00 to 18:00hrs).....



We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:



If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk



Document history

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