

ROCKY MOUNTAIN PEDIATRIC SURGERY

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Inguinal Hernia

What is an Inguinal Hernia?

An inguinal hernia is a hole in the pelvic region or lower abdominal wall that allows communication between the abdominal cavity and inguinal region in a girl or the scrotum in a boy. This opening usually closes before birth but in up to 10 % of children it may not. Initially, this opening may be small but with time and straining, it may grow allowing a portion of the bowel, bladder, or ovary in girls, to go through the opening. Inguinal hernias, unlike umbilical (belly button) hernias, do not spontaneously resolve and require surgery once they present.

What are the Symptoms and Signs?

- Pain in the groin
- Mass or bulge in the groin or scrotum
- Fluid in the scrotum of the male newborn particularly if premature. This is called a hydrocele, and while not dangerous may sometimes be alarmingly large. An isolated hydrocele will not cause any harm and usually this fluid will resolve by one to two years of age. A hydrocele usually does not change in size, gradually shrinking if it changes at all. If your child has a hernia and a hydrocele, the amount of fluid may change from day to day.

How is a Hernia Reduced?

- Usually, gentle pressure can be applied to push the intestine back into the abdomen. However, it may come right back out especially with crying or straining. As long as the intestine always goes back into the abdomen easily, there is little immediate danger.
- Incarcerated Hernia: occurs when the intestine or ovary becomes caught in the tract. If the intestine or ovary becomes caught in the tract, the blood supply may become compromised.
- Strangulated Hernia: occurs when the intestine or ovary is caught and cannot be reduced. This may lead to the intestine or ovary dying if not corrected quickly.

If your child has a hernia that is "stuck", seek medical attention right away. If a child has pain or vomiting with an incarcerated hernia, the doctor will try to reduce it. Most hernias can be reduced without going to the operating room emergently. A quick reduction relieves pain, ensures good blood flow to the intestine or ovary, and allows for an elective operation under optimal conditions. Occasionally however, the mass may not be reducible or the child may show signs of a strangulated hernia such as fever, vomiting, severe abdominal pain, infection. In this instance an emergency operation is necessary to relieve the obstruction of blood flow to the intestine or ovary.



What is the Treatment for an Inguinal Hernia?

- A hernia repair is usually an outpatient procedure and does not require an overnight stay, unless your child is premature. In the case of an incarcerated or strangulated hernia, the operation will likely be done the same day or next day.
- Hernias may be repaired by small incisions in the groin or by laparoscopy, where a tiny camera is inserted through a small incision and the groin(s) are examined directly. The choice of which technique will be used in your child will be discussed with you by the surgeon.
- The basic principle of any hernia operation is to close the hole in the abdomen, usually with a stitch.
- In some babies and children, there are hernias in each groin. But often, there is a hernia only on one side, raising the question of what to do with the other side. In newborns and infants (particularly premature babies), there is a higher incidence of a hernia being on the other side once they present with a hernia on one side. Therefore it is usually appropriate to evaluate the other side laparoscopically so that both sides can be repaired if necessary.
- In most older children, unless there is a strong history or physical findings of a hernia on the opposite side, only the side with the mass is explored.

Disclaimer: Your child's condition is unique. The information contained on this web site is not intended to substitute for advice from a doctor or nurse. If you are unsure about any aspect of your patient's care, please contact us at 303-839-6001, or talk to your pediatrician.

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