The Leeds Teaching Hospitals
NHS Trust

Hernia

Information for parents

leeds children's hospital
caring about children

What is a hernia?

When boys are developing in their mother's womb their testicles develop inside the boys' own abdomen. They descend down into the scrotal sac and pull some of the lining of the abdomen next to them creating a pathway. In girls a ligament runs from the abdomen to the labia and can also leave a pathway. This pathway is supposed to close before the baby is born. If it does not then an abnormal connection between the abdomen and the scrotum or labia exists through which intestine, fat or in girls the ovary can push into. The swelling you may see in the groin are those structures popping out.

How do we know my child has one?

This is usually a clinical diagnosis and it is rare that clinicians used to seeing children would need to do any scans.

Is it associated with any other health problems?

While hernias can happen with other conditions, the majority of them are in otherwise normal children. They are more common in children were born prematurely.

Why and when should my child have an operation for it?

In some children hernias do not appear to cause symptoms; others may get pain from the hernia particularly on straining (e.g. when going to the toilet).

The real worry with hernias is the possibility of the contents getting stuck. If lots of content from the abdomen pushes into the pathway it may get tight and not easily go back.

If it gets tighter yet it can push on the blood vessels to whatever is in the hernia and cause damage over a period of hours. This is not guaranteed to happen and as long as the hernia is soft and pushes back in the child is safe, but repair is always recommended. The risk of the hernia getting stuck is higher in small babies and so we prioritise getting their hernias fixed quicker.

While we are waiting for the operation, how will we know if the hernia is stuck and what should we do?

A stuck hernia will be hard and not push back in. If it is affecting the blood supply to bowel, testicle or ovary in the hernia (and risking damaging it) it will be very painful and the child will clearly be upset and may vomit. If you find your child or baby very upset and cannot see an obvious reason why you should see if the hernia pushes back in: if it does not, firstly you can briefly try to settle the child as when they are relaxed and not crying you may find the hernia easily goes back in. If they will not settle or the hernia will not go back in, you should seek help urgently.

Are there any alternatives to an operation?

No other alternatives to surgery exist that will fix the hernia. While there may have been some newborn babies whose hernias go on their own, this is not the usual experience and the risk of the hernia getting stuck means children diagnosed with hernias should undergo operations. Even if you have not seen your child's hernia for some time this does not mean the tract has closed, it may simply be that nothing has got in quite the right position to pop back into the hernia but it may well do so if it is left long enough.

What happens in the operation?

Most inguinal (meaning groin) hernias are done 'open' through a small cut in the 'bikini line'. The scars from these usually fade away to give a good cosmetic result. The surgeon works their way down to the pathway that the hernia is popping into and ties it off.

A small proportion of our surgeons will do 'key hole' hernia repairs in some special cases. This is done through a belly button cut and two other small cuts on either side of the abdomen. The surgeons put a camera through the belly button hole and ties off the pathway from the inside.

Both operations have good outcomes: the surgeon looking after your child will tell you which operation is right for your child and it may depend on which operation that surgeon does most often.

What are the risks?

This is a common operation and for most children the risks are low. All operations have a risk of bleeding and infection, there is no special risk with this operation. All operations have a risk of damaging nearby structures: the nearby structures we take special care around with boys in this operation are the blood vessels and sperm tube to the testicle on the side of the operation.

It is very rare for the sperm tube to be damaged: if it does the surgeon may or may not be able to repair it at the time. If the blood vessels to the testicle are damaged it can lead to the testicle being small. However if the hernia gets stuck it may also prevent blood supply to the testicle and damage it.

Even when a boy only has one normal testicle their development and fertility are essentially normal. Finally it is worth noting that there is always a risk of the hernia recurring: this risk is around 1 in 100. Recurrence can happen shortly after the operation or further down the line. If this happened the child would require a further operation to repair it.

What about the anaesthetic?

Hernia repairs in children are nearly always done under general anaesthetic. On the day of the surgery the anaesthetist will discuss the details of this with you. Local anaesthetic will also be given either directly into the wound or via a form of nerve block to make your child more comfortable after surgery.

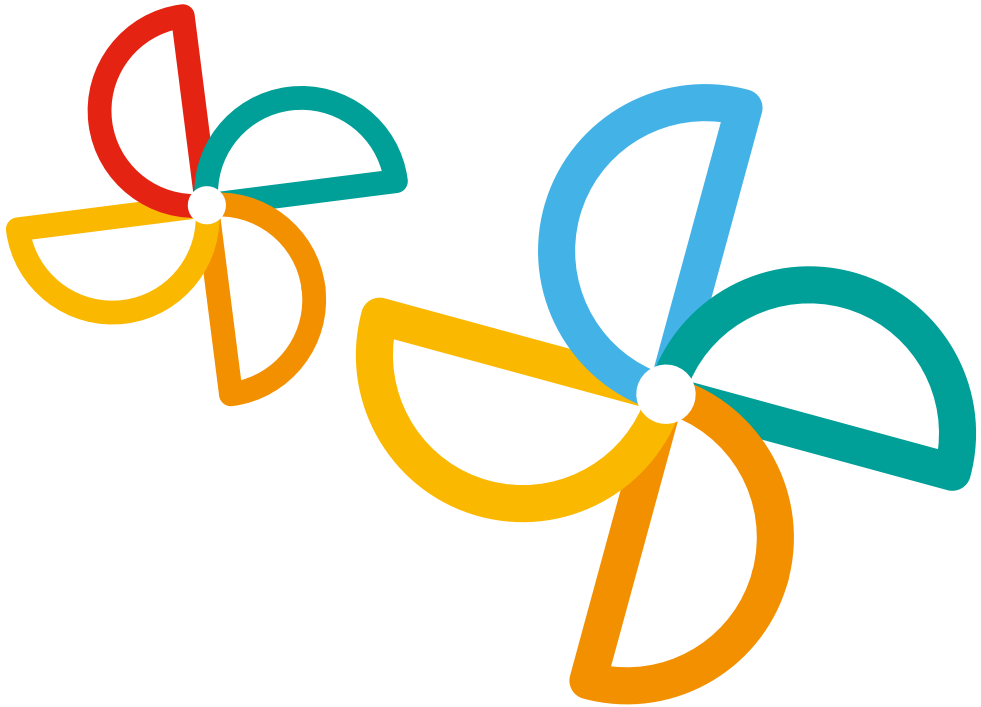
How do I look after my child after?

You can pick them up, cuddle them and treat them normally from immediately post operatively. In bigger children we advise against sports for 4 weeks after surgery. They shouldn't need more than paracetamol and/or ibuprofen to control their pain (if your child doesn't have any special reason why they can't take these medicines). The wound will have dissolvable stitches in and so nothing needs taking out. There may also be paper strips across the wound.

Try to keep the wound clean and dry for 2-5 days after which your child can shower and bathe normally. Dressings, such as the paper strips, should be kept on about 2 days; if they are still on at a week after surgery please do bathe the wound and take the dressing(s) off.

Will I be followed up?

Not usually as this should be a fixed problem. If however you do experience problems you can either visit your local GP or get in contact with us through the main hospital switchboard on 0113 243 2799 and ask to be put through to the ward you were looked after on or the secretary of the surgeon who did your operation. Do bear in mind there is a limit to what staff will be able to advise on without seeing your child. If your child is unwell and you need help as an emergency you should get them to your nearest A&E.



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