

HER NIO TOM Y

This leaflet gives information for parents/carers whose child has an inguinal hernia and is having a herniotomy.

What is an inguinal hernia?

An inguinal hernia is where the contents of the abdomen push down into the groin and often, in boys, into the scrotum. These occur in children due to a developmental abnormality in the groin area. In boys a sac-like structure connecting the abdomen to the scrotum fails to close completely. When this happens, abdominal contents such as bowel, or ovary in girls, can herniate into the sac. Occasionally this persistent sac can surround the testis; fluid from the abdomen can trickle down into the scrotum which is then called a hydrocele (it can also be known as 'patent process vaginalis' or PPV). A hernia can also occur in girls which is similar to that in boys.

The operation

The operation is done under general anaesthetic and usually involves an incision in the groin. The surgeon will locate the hernial sac and tie this off. The wound will then be closed with dissolvable sutures which can take up to 6-8 weeks to dissolve. If necessary the surgeon may insert a small telescope to look at the other side. Sometimes the whole procedure may be performed using a key-hole approach with 3 small wounds, 1 in the umbilicus and the other 2 on each side of the lower tummy.

Risks and complications

Possible risks and complications for herniotomy include:

- Wound infection
- Bleeding
- Injury to structures within the hernia

- With boys there can be damage to the vas deferens (the tube leading from the testicles) or reduced blood supply to the testicle
- In girls damage to the fallopian tubes or ovaries
- Recurrence

What to expect after surgery?

Some children may have leg weakness due to the pain relief given at the time of surgery.

The area and scrotum will be sore and may be swollen and bruised for a couple of days after surgery, you will be advised to have paracetamol or brufen at home to give to the child for pain relief regularly for at least 48 hours after leaving the hospital.

Your child will probably be more comfortable in loose fitting clothes i.e. pyjamas or tracksuit.

The operation site should be kept clean and dry for the first three days and he/she may go into the bath after this. The dressing can be taken off at this time.

If there are signs of infection in the form of redness, swelling, discharge or pus; contact your GP or the Children's Assessment Unit as your child may need antibiotics.

Your child can return to school after 1 week if they are feeling comfortable, but no sport, bike riding or swimming until at least 3 weeks after the surgery.

You are advised to contact your GP if the swelling and redness are causing concern after the first week.

Useful contacts and further information

If you have any queries prior to admission for the procedure outlined and its implications to your child, please contact **Buxton ward on 01603 286321**.

If you should need any help or advice following your child's surgery you are advised to ring **The Children's Assessment Unit on 01603 289775** for the first 24 hours following surgery, and after this time please contact your own GP for advice.

Alternatively, if your child is due to come in to the **Day Procedure Unit** please contact **01603 286008** for any queries prior to admission. For help and advice following your child's surgery contact the Day Procedure unit or if it is overnight, the Children's Assessment Unit on the number above. Please contact your GP if you have any concerns after this.

NHS Direct
TEL 0845 46 47

Web address: www.Nhsdirect.nhs.uk

British Association of Paediatric Surgeons
35-43 Lincolns Inn Fields
London
WC2A 3PE
TEL: 0207 9730308
Web Address: www.baps.org.uk