

Your child's inguinal hernia repair or hydrocele

Introduction

We expect your child to make a rapid recovery after their operation and to experience no serious problems. However, it is important that you should know about minor problems which are common after this operation and also about more serious problems which can occur occasionally. The section "What problems can occur after this operation?" describes these and we would particularly ask you to read this.

What is an inguinal hernia or hydrocele (in boys)?

An inguinal hernia occurs where there is a weakness in the muscle around the groin, resulting in fat or intestine (bowel) bulging through and causing a lump. This type of hernia is very common, particularly in premature babies, and needs surgery to correct it. It can occur on either side of the groin. Sometimes a hernia can occur on both sides.

A hydrocele occurs when this weakness in the muscle does not completely close off. Fluid can then pass down between the abdomen and the scrotum, causing swelling. This is called a hydrocele.

A hydrocele may disappear within the first 2-3 years of life, a hernia does not usually go away.

Why is this operation needed?

The lump that bulges through the weakness usually moves in and out easily, but sometimes can become trapped. This is called strangulation, and can result in problems with the bowel. The aim of this operation is to correct the hernia before any of these

What does it involve?

The procedure is done under a general anaesthetic and requires a small incision around the hernia to allow the surgeon to fix it. They will then close the incision with dissolvable stitches, which means that they don't need to be removed. There will not be a dressing but skin glue will be used to protect the wound.

The procedure takes around an hour and is usually done as a day case, so that you can go home the same day.

What are the alternatives?

There are no alternatives to this operation. You can watch and wait but this will lead to a risk of the hernia becoming strangulated and an emergency operation being required.

What preparations are needed for the operation?

You will receive an appointment for a pre-assessment prior to your child's admission. This is usually done over the phone. They will check your child's health and give you advice about eating and drinking before the operation, and about what to bring with you to the hospital. If your child is very young (under one year old) you should receive special advice regarding breast feeding and formula milk. If you have any questions, then please contact the consultant's secretary.

How will my child feel during the procedure?

Your child will be asleep under a general anaesthetic during the operation and they will not feel any pain. They will also receive some pain killers into their veins along with some antisickness medication. The anaesthetist will give your child a local anaesthetic to numb the wound site for a number of hours following surgery to minimise pain. The local anaesthetic will be given either as an injection in the lower spine called a caudal injection or into the area around the hernia.

You should always discuss any concerns about your child's pain with the nurse looking after your child. Should you want more information about the caudal injection mentioned above, please ask for a copy of our leaflet, Paediatric Caudal Analgesia.

How will my child feel afterwards?

After the operation your child may have some discomfort. Pain relief will be prescribed and given as necessary. When your child is at home he should only need paracetamol and ibuprofen, and you should give this to your child regularly, at the recommended dose, for the first 48 hours.

Common problems are listed in the "(By)stecommended dose,commencthe consultant's secretar

What problems can occur after this operation?

The repair of an inguinal hernia is usually straightforward, but as with any operation that requires an anaesthetic, there are risks. The surgeon and anaesthetist will explain these risks in detail, but the general surgical risks are outlined below:

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