

After the surgery

Most children will be able to go home a few hours after surgery. However, premature infants and children with certain medical conditions may need to spend one night in the hospital for observation.

Caring for your child after surgery

Usually, your child will feel fine again the evening after surgery or by the next morning. As soon as your child is able, he or she can resume normal eating habits and activities.

You may give your child a sponge bath the day after surgery. Tub baths are permitted two days after surgery.

The small pieces of tape covering your child's incisions (called steri-strips) will gradually fall off on their own. Do **not** pull these strips off yourself. If the strips do not fall off on their own, your health care provider will remove them at your child's follow-up appointment.

Please remember

Your health care providers are happy to discuss your questions and concerns. For more information, please call (216) 445-7878.

When to call your child's health care provider

You may notice some minor swelling around the incision or scrotal sac. This is normal. However, call your health care provider if your child is unable to urinate or has:

- A fever
- Excessive swelling
- Redness
- Bleeding
- Increasing pain

Follow-up appointment

A follow-up appointment will be scheduled from 7 to 10 days after your child's surgery. Your health care provider will assess your child's wound sites and his or her recovery.

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DEPARTMENT OF PEDIATRIC SURGERY

(216) 445-7878 or 1-800-223-2273 ext. 57878

Hearing Impaired (TTY) Assistance (216) 444-0261

INGUINAL HERNIA TREATMENT FOR CHILDREN

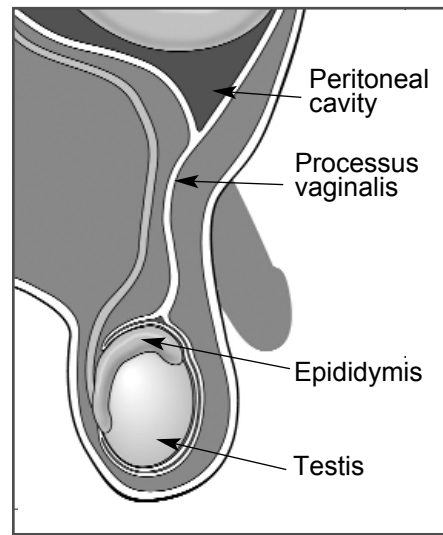
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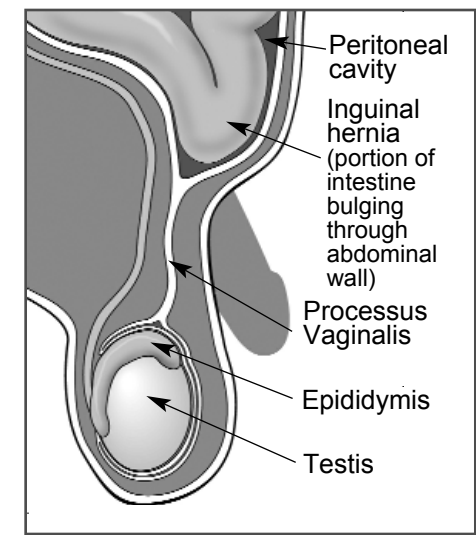
What is an inguinal hernia?

An inguinal hernia is an abnormal bulge, or protrusion, that can be seen and felt in the groin area (the area between the abdomen and the thigh). An inguinal hernia develops when a portion of the intestine, along with fluid, bulges through the muscle of the abdominal wall.

Inguinal hernias in children result from a weakness in the abdominal wall that is present at birth. The bulge in the groin may only be noticed when the child is crying, coughing or straining during a bowel movement, or it may appear to be larger during these times. Of the newborns who have inguinal hernias, 90 percent are boys.



Normal anatomy



Inguinal hernia

What is an incarcerated hernia?

If the weakness or defect in the abdominal wall is small to moderate in size, a portion of intestine may get trapped, or incarcerated. This is called an incarcerated hernia and can cause problems such as severe pain, nausea, vomiting or absence of bowel movements. Larger abdominal wall defects allow the intestine to move freely in and out of the weakened abdominal wall and do not tend to be as painful.

What is a strangulated hernia?

If the intestine becomes incarcerated or trapped in the abdominal wall defect, blood flow may become blocked to the intestines. This is called a strangulated hernia. This type of hernia is often painful and requires prompt surgery.

How can a hernia be repaired?

Hernias usually need to be surgically repaired to prevent intestinal damage and further complications. The surgery takes about an hour and is usually an outpatient procedure (which means the patient can go home the same day of the procedure).

Before the surgery

Your child should not eat for 6 hours before the surgery to reduce the risk vomiting and aspiration (inhaling fluids) while under anesthesia.

During the surgery

- An anesthesiologist (a doctor who specializes in pain relief) gives your child general anesthesia, which relaxes your child's muscles and induces sleep. Your child will not feel pain during the surgery.

- A small incision, or cut, (from 2 to 3 cm.) is made in the skin fold of the groin.
- The hernia "sac" containing the bulging small intestine is identified.
- The surgeon pushes the intestine inside the hernia sac back into its proper position behind the muscle wall.
- The hernia sac is removed.
- The muscle wall is reinforced with stitches to prevent another hernia.
- If your child is younger than 1 year old, the chance that a hernia will develop on the other side of the groin is very high. Repair of both inguinal areas is, therefore, recommended. If there is not presently a hernia on the other side of the groin area, the muscle wall is reinforced with stitches.