

Information leaflet for parents/carers

Inguinal Hernia Repair

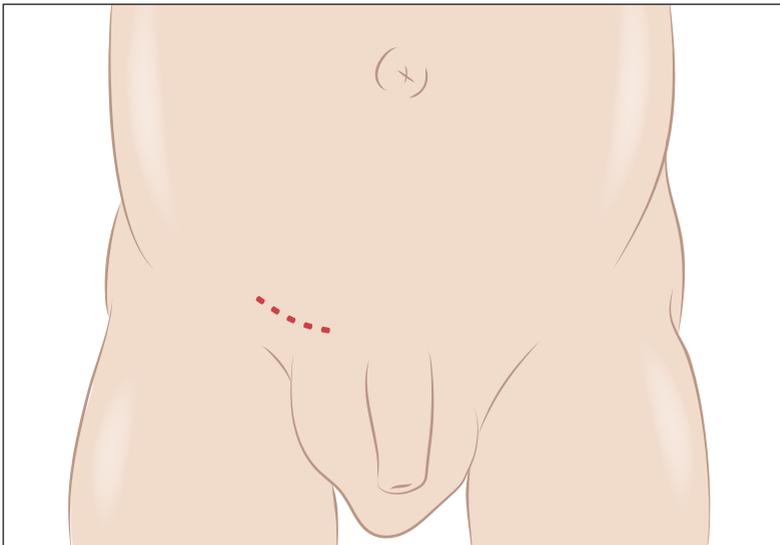


Introduction

An inguinal hernia first appears as a bulge or lump in the groin. In boys, this lump is usually caused by a loop of the intestine (bowel) that can extend into the scrotum, while in girls it can be caused by the intestine (bowel) or ovaries. It occurs when a natural opening fails to close following birth, letting some of the tummy's contents poke out. The bulge may go away when lying down or increase in size on standing, crying or straining. Inguinal hernias can be on one side or both sides.

What does a hernia repair involve?

This is an operation to find the opening and close it. The surgeon will make a small cut in the groin, locate and close the opening with stitches.



This is done under general anaesthesia (when your child is put to sleep for the operation).

The wound is then closed with dissolving stitches. If your child has an inguinal hernia on both sides, both can be operated on at the same time.

Your surgeon may also recommend repair of the hernia by key-hole surgery (laparoscopic surgery).

In this case your child will have a small incision by his tummy button and two smaller ones lower down on either side of the abdomen.

What are the benefits of the operation?

When an inguinal hernia occurs, there is a risk that it can get stuck causing a painful swelling. This in turn can affect the blood supply leading to that part of the bowel dying. Although this is a small risk, it is serious so it is advised that an operation is done to fix the hernia.

Are there any other possible treatment options?

There are no other treatment options for an inguinal hernia.

Are there any risks of the procedure?

Complications from this operation are rare. They include:

- Wound infection (if your child's wound becomes red or there is increased tenderness, contact your GP or your child's surgical team for some antibiotics).
- Recurrence of the hernia (it can come back): this will require another operation.

- Contralateral hernia. Very occasionally a hernia on the opposite side becomes evident later. This means your child will need a second operation to repair the hernia on the other side.

Specific complications in boys:

- There is a small risk of damage to the testicular cord and blood vessel while it is being separated from the opening. If this occurs, the testicle on that side may be smaller than the other, or on very rare occasions, it may shrink away. This should not affect your child's overall future fertility as the remaining testicle will continue to function normally.
- Testicular ascent (this is when scar tissue under the skin pulls the testis up into the groin): this will require another operation to bring the testis back down to the scrotum.

Preparation before the operation

Your child will normally come to the hospital on the day of the operation where they will be reviewed by the nursing staff, the surgeons and the anaesthetist (the doctor who gives your child the medicine to go to sleep).

Some children with other medical problems may be invited to attend one of our pre-operative assessment clinics a few weeks before the surgery date. This is to ensure you and your child are fully informed about the planned surgery, are seen in advance by the anaesthetist, and where we will carry out any other pre-operative investigations, for example blood tests or a chest X-ray.

If your child becomes unwell:

If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. Please telephone us to discuss any symptoms of illness before coming to hospital (see the 'Further Information' section for contact details).

Starvation times:

Your child will not be able to eat and drink before the operation: it is not safe to have a general anaesthetic with a full stomach. Specific advice about this will be provided in the letter you will receive to confirm the date and time of the operation and the directions for the admission ward on the day. The starvation times will be checked with you during the ward assessment before the operation. It is very important to follow these instructions, otherwise your child's operation may need to be delayed or even cancelled.

What happens on the day of the operation?

You will come to the ward on the morning of the operation where you will be seen by the nursing staff, a member of the surgical team, and the anaesthetist. You will have a chance to discuss the procedure again and if not already done so, you will be asked to sign a consent form. On the day of the operation, your child may be given a sedative medicine to help them to relax. This will be discussed with you. Parents/carers can accompany the child to the anaesthetic room and stay with them until they are asleep. You may be able to attend in the recovery room when your child wakes up.

What happens after the operation?

Once your child has returned to the ward the nurse will regularly check their pulse, breathing rate, blood pressure and the dressings over the wound. Your child may be drowsy after the procedure. When your child is fully awake they will be able to have a drink and then something to eat. Painkillers (called 'analgesia') will be given as needed (usually Paracetamol and/or Ibuprofen).

When can my child go home?

Please keep your child's wound clean and dry; they should not have a bath for five days after the operation (wiping over the area with warm water is fine).

Your child should wear loose fitting clothes for a few days after their operation. Tight trousers for example can rub on a groin wound and make it sore.

Your child may find some physical activities (such as PE at school, bicycle riding and swimming) uncomfortable and should therefore refrain from these for one to two weeks.

Paracetamol ('Calpol') and/or Ibuprofen ('Brufen') should be given to your child to manage their pain. Please follow the instructions on the bottle.

Follow up

Usually for an uncomplicated operation, no clinic follow up appointment is needed. If your child needs to be reviewed further, you will be informed when you are being discharged. This is generally in the outpatient department of BCH. Your clinic appointment will be sent in the post.

Any urgent or general concerns related to the operation after you go home should be reported to your GP or, out of hours, to your child's surgical team, who can be contacted via the hospital switchboard on 0121 333 9999. In an emergency please call 999 or bring your child to the Emergency department of the Birmingham Children's Hospital.

What care will my child need at home?

Paracetamol ('Calpol') and/or Ibuprofen ('Brufen') can be given to help manage your child's pain. Please follow the instruction on the medication packaging or bottle. Although your child will not be experiencing reflux any more, their oesophagus lining needs to heal. It is important for your child to continue to take any 'anti-reflux medication' that they were taking before surgery until they return for their out-patient review. It is usual for the anti-reflux medication to be discontinued, usually one at a time.

The sutures (stiches) used to close the wounds are all dissolvable. You can give your child a sponge bath for the first 2 days following surgery, after which you can give them a shower. We would advise that your child doesn't have a bath for 5 days after the operation. Contact sports and heavy physical activity is best avoided for at least 4 weeks after their operation.

Follow up

Your child will be given a follow-up appointment in the children's outpatient department. This will be sent to you in the post. You can report any urgent or general concerns related to the operation after you go home to your GP. Out of hours, you can report these to your child's surgical team, who can be contacted via the hospital switchboard on 0121 333 9999. In an emergency please call 999 or bring your child to the Emergency department of the Birmingham Children's Hospital.

Looking after and sharing information about you

We have a duty of care to help patients and families understand how information about them is kept and shared and we include the following information in all our patient leaflets:

Information is collected about you relevant to your diagnosis, treatment and care. We store it in written records and electronically on computer. As a necessary part of that care and treatment we may have to share some of your information with other people and organisations who are either responsible or directly involved in your care. This may involve taking your information off site. We may also have to share some of your information for other purposes; such as research etc. Any information that is shared in this way will not identify your child unless we have your consent. If you have any questions and/or do not want us to share that information with others, please talk to the people looking after your child or contact PALS (Patient Advice and Liaison Service) on 0121 333 8403.

Further Information

This information was produced using the latest evidence available. Further details are available upon request. If you need any further information or have any more questions please contact the hospital on 0121 333 9999 and ask to speak to your child's Consultant's secretary or ask for the ward from which your child was discharged. This leaflet has been approved by the Department of Paediatric Surgery & Urology at Birmingham Children's Hospital.

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