

Inguinal Hernia

What is an Inguinal Hernia –

An inguinal hernia is a bulge or protrusion that is seen or felt in the groin area or the scrotum (for boys). Inguinal hernias occur in boys more frequently than in girls. Infants who are born prematurely are at an increased risk of having an inguinal hernia. For example, about one-third of baby boys born at less than 33 weeks gestation will have an inguinal hernia.

There are two types of inguinal hernias:

1. **Indirect inguinal hernias** – indirect inguinal hernias are the most common type of inguinal hernia in children and are present at birth. During fetal development, all babies have a canal (called the inguinal canal –that goes from their abdomen to their genitals). In boys, this canal allows the testicles (which develop in the abdomen) to travel to the scrotum. In both boys and girls, the canal is supposed to close off prior to birth. An indirect hernia occurs when the inguinal canal fails to completely close during fetal development, leaving an opening for abdominal contents to protrude through the defect.
2. **Direct inguinal hernias** – direct inguinal hernias are very rare in children. This type of hernia is caused by a weakness in the abdominal wall that allows intestines to protrude through. These hernias are more frequent in males.

In some cases, boys with an inguinal canal that fails to close may also develop a hydrocele, a collection of fluid around the testicles that occurs when fluid drains from the abdomen into the scrotum, causing it to swell.

Treatment –

Surgery is required to correct the defect and prevent any harm to the hernia contents. Incarceration of the hernia occurs when the hernia contents (usually the intestine) get trapped in the defect and are unable to go back into the abdomen. An incarcerated hernia will often cause a painful, firm bulge. The blood supply to the incarcerated contents can become compromised (a strangulated hernia), and your child can become very sick.

If your child has signs of an incarcerated hernia, he or she should be brought to the Emergency Department for immediate evaluation by a pediatric surgeon to minimize any damage to the contents of the hernia.

Surgical Repair –

The surgery to repair an inguinal hernia is usually a day surgery, meaning your child will go home the same day as the procedure. Babies who are less than 60 weeks post-conception age may require an overnight stay for post-anesthetic apnea (breath holding) monitoring. The procedure will be done under general anesthesia. Your child's surgeon will discuss with you the surgical procedure that is best for your child.

The surgical approach for repair of an inguinal hernia depends on the clinical situation:

- **Open repair** – a tiny incision is made in the groin (along the skin crease) and the hernia is closed using sutures. The overlying skin is sealed with Dermabond, a sterile, liquid adhesive that will hold the edges of your child's incision together and act as a waterproof dressing.
- **Open repair with laparoscopic evaluation of the other side** – the procedure is done with the same manner as the open repair, however, prior to closing the hernia, a small camera (laparoscope) is used to check for the presence of a hernia on the opposite side of the groin or scrotum. If a second hernia is present, another tiny incision is made on the opposite side of the groin and the other hernia is repaired.
Using a laparoscope to evaluate the opposite side for a hernia is done in certain situations depending upon the patient's age, since hernias on both sides are more common in babies and small children. The overlying skin is sealed with Dermabond.
- **Laparoscopic repair** – a small camera (laparoscope) is placed through an incision in the belly button. The hernia repair is done using surgical instruments that are inserted through one or two tiny incisions in the lower portion of the abdomen. All sutures that are used are dissolvable and the overlying skin will be sealed with Dermabond.

Dermabond usually stays in place for **5-10 days** before it starts to fall off. You should not pick, peel, or rub the Dermabond, as this could cause your child's incision to open before it is healed.

The incision site should not be submerged under water (or swimming) for **7-10 days**. Do not apply any ointments such as Vaseline or Neosporin to the incision while Dermabond is in place.

Disclaimer: This information is not intended to substitute or replace the professional medical advice you receive from your physician.