

- **Anaesthetic complications** – every anaesthetic carries a risk of complications but it is very small. Your child's anaesthetist is an experienced doctor who is trained to deal with complications. Children can experience nausea and vomiting, headaches, sore throats or feel dizzy after an anaesthetic. These are short lived and are not serious.

What should I look out for?

Call your GP if:

- your child is in a lot of pain and pain relief does not seem to help
- your child has a high temperature and paracetamol does not bring it down
- the wound site looks red, inflamed and feels hotter than the surrounding skin
- there is any oozing from the wound.

Any questions?

If you have any problems or concerns, please contact your GP or Harlyn ward on 01872 253909.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



Your child's inguinal hernia repair

Information for parents and carers



What is an inguinal hernia?

When a baby boy grows in the womb the testicles develop in his abdomen. As the testicle descends into the scrotum it moves a pocket of abdomen lining (like a finger of a glove) with it. This pocket usually closes by itself shortly after birth.

If this pocket fails to close, the abdomen lining and sometimes some of the bowel can bulge through it, causing a lump to form in the groin area. This is called an inguinal hernia. In 1 in 10 children inguinal hernias occur on both sides, either at the same time or first on one then the other. Occasionally the persistent pocket can surround the testis and fluid from the abdomen can trickle down into the scrotum. This is called a hydrocele (patent process vaginalis or PPV). Girls can also develop an inguinal hernia as the same pocket of abdominal lining is involved in the formation of the labia.

How is it treated?

If your child has an inguinal hernia this will need an operation. If the bowel remains trapped outside the abdominal cavity it can become damaged, requiring an emergency operation. The testicle can also be damaged by poor blood flow to that area. The operation is to prevent these complications.

A hydrocele persisting after the age of 2 years is unlikely to disappear on its own. If untreated it is unlikely to cause any significant problems for your child but it may increase in size and be unsightly.

Are there any alternatives?

If your child has a hernia having surgery is the only option. If your child has a hydrocele that is decreasing in size, then a watch and wait approach can be adopted. If the hydrocele increases in size, surgery would be recommended.

What does the operation involve?

The operation is carried out under general anaesthetic. Once your child is asleep the surgeon makes a small incision (cut) in the groin and locates the hernia sac or PPV. The sac is separated from the blood vessels and sperm tube (vas deferens) in a boy. Any bowel is moved back into the abdomen, the hernia or PPV is tied off with a stitch, and the cut on the skin is closed with dissolvable stitches.

What happens afterwards?

Your child can go home the same day. Your surgical team will see you at the end of the operating list to ensure there are no immediate complications. Your child will have a follow up in about 6 months after surgery.

Your child will need to be off school for 72 hours after the operation, but your child can resume normal activities as soon as they feel able. Children should remain off sports for 10 days following the operation.

Give regular pain relief medication.

The stitches will be absorbable, so they won't need to be removed. They absorb within 2 weeks. If any stitches remain after this time, you should see your GP. Paper stitches usually fall off within 7-10 days.

Bathing

Your child can have a quick bath or shower the day after surgery (less than 5 minutes). Your child can resume normal bathing when the stitches have absorbed (10-14 days).

Are there any risks or complications?

As with all procedures, there are some risks from having this operation.

- **Bleeding** – this is usually minor and is stopped during the operation. Very occasionally a collection of blood can develop called a haematoma, which will require a second operation.
- **Infection** – all surgery has a risk of infection. If the wound becomes red, hot, or weeps, or your child feels unwell you should consult your GP. This happens in less than 1 in 20 children.
- **Testicular atrophy** – there is a small risk of damage to the sperm tube and the blood vessels to the testes while it is being divided from the hernia sac. This usually would not affect your child's fertility or testosterone production as the remaining testicle will continue to function normally.
- **Recurrence of hernia** – this is rare. If it does happen your child will need another operation to repair it.