

Inguinal Hernia

Inguinal hernia occurs when a part of the intestine slips through an opening in the muscle separating the abdomen from the groin (genital area). The intestine feels like a lump or bump. The lump may be felt in the scrotum in boys or the vaginal area in girls. Inguinal hernias are more common in premature infants, especially boys. Prompt surgery is needed to repair the hernia and prevent complications.

What is an inguinal hernia?

Inguinal hernia is a relatively common problem in infants. Part of the intestine slips through the abdominal muscle wall, causing a noticeable lump. In girls, the hernia may include one of the ovaries. The lump may be noticeable only some of the time, such as when your child cries or coughs.

Hernias are usually not emergency situations, but surgery is needed to prevent complications. The operation is a simple one, with quick recovery and no further problems.

What does it look like?

- A bulge or lump in the groin area. The bulge may be located anywhere in the area between the legs, including inside the scrotum (the sac containing the testicles) in boys or around the vagina in girls.
- The bulge may be most noticeable when your child cries, coughs, or strains when passing a bowel movement.
- When your child relaxes, the bulge may disappear. Sometimes it disappears if you push it gently upward.
- The hernia is often present within the first 6 months of life but may not be noticed until later on.
-  Some serious complications can develop and may be present when the hernia is first noticed:
 - The bulge may appear suddenly, causing pain and crying, sometimes accompanied by a bulging belly and vomiting. This may mean that the hernia has become trapped (“incarcerated”) or choked (“strangulated”).
 - An incarcerated hernia can no longer move back into its normal position. Unlike in adults, this problem can develop quickly in children.
 - In a “strangulated” hernia, the blood supply to the hernia may be reduced or cut off completely. The lump becomes more swollen and tender. Your child may vomit, and the intestine may become obstructed (blocked). Immediate surgery is needed to prevent permanent damage to the trapped portion of intestine. If this happens, there is also a risk of serious infection.

What causes an inguinal hernia?

- Most inguinal hernias in children are present at birth. They occur when a small opening between the abdomen and groin fails to close normally during prenatal development. The herniated intestine slips through this opening.
- Other causes are possible, including muscle strains that allow part of the intestine to slip through. However, this is rare in children.

What are some possible complications of an inguinal hernia?

- The main complications are incarceration and strangulation: the herniated portion of the intestine may become trapped in its abnormal position and its blood supply may be cut off. A strangulated hernia is a medical emergency.
- An incarcerated hernia may cause further damage to surrounding structures, especially the reproductive organs.

What puts your child at risk of inguinal hernia?

- Premature infants are at highest risk, especially very premature infants. However, up to 5% of full-term infants have congenital inguinal hernias.
- Inguinal hernias are much more common in boys than in girls.
- If you or someone else in your family has had an inguinal hernia, your child may be at increased risk.
- Inguinal hernias are more common in infants with specific birth defects or diseases, including:
 - Other congenital problems of the urinary/reproductive organs.
 - Any condition with abnormal fluid or pressure within the abdomen.
 - Chronic lung diseases.
 - Connective tissue diseases (such as Marfan’s syndrome).

How is an inguinal hernia treated?

- *Surgery* is almost always needed for children with inguinal hernias. The hernia does not get better on its own. The goals of surgery are to move the herniated intestine back into its normal position and to close the abnormal opening that allowed the hernia to occur.

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- Surgery should be done as soon as possible to reduce the risks of incarcerated or strangulated hernia. Performing surgery before the hernia becomes incarcerated greatly lowers the risk of complications.
- If the hernia is incarcerated (trapped), the doctor may gently try to move it back into normal position before surgery. This may allow the operation to be delayed for a few days.
-  If the hernia is strangulated (blood supply is cut off), surgery is needed.
- Hernia repair is one of the most common operations performed in children. It is fast and safe, with a low complication rate. Most children can go home the same day. Others may stay in the hospital overnight (especially premature infants).
- During the operation, the surgeon will check to make sure that the hernia hasn't caused any damage to the

reproductive organs, including the testicles in boys and the ovaries and uterus in girls. If any other abnormalities are present, they can usually be repaired during the same operation.

- Children usually recover very quickly after hernia operations. Follow the surgeon's instructions for activity permitted and pain medication.

When should I call your office?

The surgeon will probably want to recheck your child within a few weeks. In the meantime, call the surgeon's office or our office if your child develops pain or swelling in the groin area.

If your child develops symptoms of acute illness—such as severe pain, fever, vomiting, bulging belly, or bloody bowel movements—get medical help immediately. 