

Inguinal herniotomy operation

What is it?

An operation used to treat inguinal hernias and infantile hydrocoeles.

Background

A hernia is a lump created by tissue pushing through a weakness or opening in the abdominal wall. Inguinal hernias occur in the groin region.

In boys, the testes initially develop in the abdomen. Late in pregnancy, the testes pass through the abdominal wall via the inguinal canal to the scrotum. The path usually closes before, or shortly after birth. When the passage doesn't close, there is a persisting connection between the abdomen and groin. If any tissue pushes through into this opening, it forms an inguinal hernia.

Girls have a similar but smaller passage. Inguinal hernias are much less common in girls.

Who?

All children diagnosed with an inguinal hernia will need an inguinal herniotomy.

How?

In most situations the surgery is performed as an elective day-only operation. Sometimes emergency surgery is required if the hernia becomes incarcerated (stuck).

The operation is done under general anaesthesia (asleep), or spinal anaesthesia (lower half 'numb').

A small incision is made in the groin on the side of the hernia. The hernia sac is identified and separated from the vas, and blood vessels to the testis. Any hernia contents are pushed back to where they belong. The sac is divided and tied off. The wound is closed with dissolving stitches.

After the operation?

Following the procedure, the child is taken to the recovery area and then to the day ward. Your child will be able to eat and drink once awake.

In most cases your child will be able to go home on the same day as the operation. Your child may need to stay in hospital overnight if they are very young (less than 6 weeks, or born prematurely), if the operation has been done as an emergency, or if your child has other medical problems.

What are the alternatives?

There are no non-surgical treatments for inguinal hernias.

Some surgeons perform 'keyhole' surgery in some children to fix inguinal hernias. This approach has not been shown to be better than inguinal incision.

What is the follow-up?

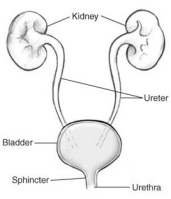
A follow-up is arranged after the admission to the hospital. This is to check the wound and testis and to answer any questions.

What are the complications?

Like any operation, bleeding and infection are the most frequent complications to occur, but these are uncommon.

Bleeding which occurs after the operation usually responds to pressure. Press on the wound with a clean cloth. If it doesn't stop after 5 minutes, seek medical attention.

Infection might present with increasing pain, redness around the wound or temperature >38.5 degrees. Seek medical attention if you are concerned.



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Complications specific to inguinal herniotomy

The vas and blood vessels run directly next to hernia sac, so they are at risk of damage from both the hernia and the operation. The surgeon is careful to identify the vas in the operation to avoid injuring it. The blood vessels are multiple and very small. Every attempt is made to preserve as many as possible during the surgery. If there is an injury to the blood vessels this may affect how the testis grows in the future. If the hernia has been incarcerated (stuck) this may also affect how the testis grows in the future.

The hernia may recur if there is a persisting weakness in the abdominal wall of the groin area, or if the hernia sac is not completely tied off.

Common post-operative questions:

What is the course after the surgery?

Your child will be going home with you on the day of the operation, after recovering from the anaesthetic. Your child will be able to eat and drink as normal.

Some children will be staying in hospital for the night after the operation. This might be because of their age – less than 4 weeks old, or premature, or if they have any underlying illnesses, or if the surgery was performed as an emergency.

Your child will have a small dressing over the wound. The dressing may become stained with blood fluid after the operation.

Do I need to give any medicines?

On the day of the operation, and the day after, give your child paracetamol ('Panadol') and/or ibuprofen ('Nurofen') regularly for pain relief.

From the second day after the operation, give pain medication if your child is uncomfortable, especially in the evening before bed.

Can I bath my child?

Use a sponge to clean your child on the day of the operation.

The day after the operation, you can bathe your child as normal.

What do I do with the dressing?

Leave the dressing on for a week after the operation, or until it falls off.

If the dressing falls off soon after the operation, it is safe to put a Band-aid over the wound.

When can they return to childcare? Kindergarten? School?

There is no set time when your child can return to their normal activities. Usually your child will start doing things when they feel comfortable. They will usually be active again within a few days. They should return to school/ kindergarten/ childcare once they are managing their normal activities.

What next?

Your child will need a post-operative review by the surgical team 2-6 weeks after the operation. You will be sent an appointment for the follow-up. The surgeon will check the wounds and answer any questions that you have about what has happened.

When to worry/ come back or call?

- If your child develops a fever >38.5 degrees
- If the wound becomes swollen, red and painful

Come to the Emergency Department of Monash Medical Centre, or call the paediatric surgical registrar through the Monash Children's Hospital's Switchboard on 03 9594 6666.

If you have non-urgent queries, contact the Department secretary during office hours on 03 9594 6998