



Inguinal Hernias in Boys

What is an inguinal hernia?

- An inguinal hernia occurs when there is a weakness or an opening in the lower abdominal muscle wall. Part of the abdominal contents (such as intestines) can push through this opening.
- Inguinal hernias are sometimes called groin hernias. The groin is the area where the abdomen meets the top part of the leg.
- Inguinal hernias are common in infants and children.

How does a child get an inguinal hernia?



- Inguinal hernias in children most often occur when the groin opening present in the fetus fails to close securely at birth. This opening is present in boys to allow the testicles to descend to the scrotum as shown in Figure 1. Abdominal contents can push through this opening.
- Inguinal hernias are more common in boys than girls. They may occur on either side, but they are more common on the right side.
- Some factors place children at higher risk for inguinal hernias such as:
 - prematurity
 - undescended testicles
 - a family history of hernias.

Figure 1

How do I know if my child has an inguinal hernia?

- Inguinal hernias look like a lump or a bulge in the groin area or scrotum. You may see the bulge when your child cries, coughs, stands, or strains. Often the bulge disappears when your child lies down or relaxes.
- After a physical exam, your child's doctor will let you know if an inguinal hernia is present.
- You may see the bulge appear and disappear for weeks or months without causing discomfort. However, sometimes a loop of bowel or an ovary in girls becomes caught in the hernia sac. If it remains caught, the blood flow to it can be blocked. This is called an **incarcerated** hernia.
- If your child's hernia is incarcerated, have him lie down and try to relax.
- You may gently push on the hernia if it is caught. This may move (**reduce**) the contents back into the abdomen. If this doesn't work, and your child is in pain, call your child's pediatrician or surgeon right away. If the doctor is unable to reduce it, your child may need to have surgery right away to repair the strangulated hernia.

- Figure 2 shows the different types of hernias:
 - A. The hernia extends into the sac.
 - B. The hernia extends into the inguinal canal.
 - C. Hydrocele of the cord in which the normal fluid in the abdominal cavity escapes through a narrow tube into a sac filled with fluid (hydrocele). The arrow shows the hydrocele in the inguinal sac.
 - D. How the opening from the abdomen to the scrotum normally closes.
 - E. Hydrocele fluid collection in the scrotum around the testicle without a communication to the abdomen (seen in infants and in most cases will spontaneously resolve).
 - F. Hydrocele fluid collection around the testicle in the scrotum which results from a small tubular connection between the scrotum and the abdomen.

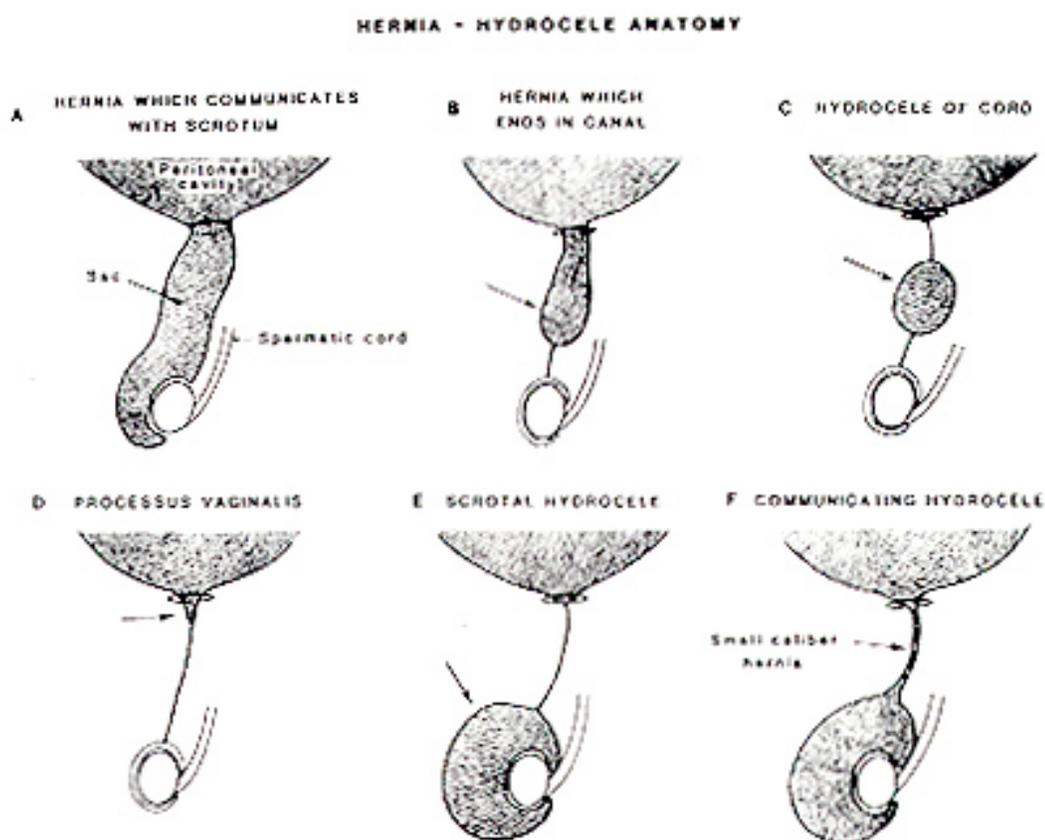


Figure 2

How is an inguinal hernia treated?

Surgery is needed to repair an inguinal hernia. It will not go away on its own and there is no medication or therapy that make a hernia resolve. The hernia usually gets larger over time and may cause harm to the bowel or ovary if it becomes (incarcerated). It is much safer to treat an inguinal hernia before this happens rather than as an emergency.

Repair of an inguinal hernia is one of the most common operations in children.

What happens on the day of the surgery?

- General anesthesia is used. Most children go home on the day of the operation. However, some children need to spend a night in the hospital for observation.
- You will meet both the surgeon and the anesthesia doctor on the day of the surgery.
- After surgery, your child will stay in the Day Surgery Unit until he or she is ready to go home. Parents are welcome to stay with their child during this time.

What happens after surgery?

- You will be given a written instruction sheet before you go home telling you how to care for your child.
- Most children have some discomfort after the operation. The doctor may prescribe pain medicine. Give pain medicine as prescribed and instructed by your doctor and nurse.
- It is usually not necessary to remove stitches. They are under the skin and dissolve on their own.
- A clear waterproof dressing or bandage may be applied to the incision.
- Your child may shower or have a sponge bath at home one to two days after surgery.
- Your child should not use straddle toys, ride a bicycle, play sports or go to gym class for a few weeks after surgery. The doctor or nurse will give you exact instructions.
- Your child's doctor will ask you to make a follow-up appointment about 2 weeks after the surgery to check how the area is healing.

When to Call Your Child's Doctor

- Your child's surgery will be scheduled in the near future. You will receive a pamphlet with information about the day of surgery when the date is set.
- Before the surgery, if you notice a firm bulge in the groin that does not go away, and your child is in pain, **call your child's surgeon right away, day or night.**

Phone Numbers to Call

Monday – Friday 8:30am – 5:00pm	Nurses' line (617) 355-7704 Nurse Practitioners' line (617) 355-7716
Evening, Nights, Weekends, and Holidays	Page Operator (617) 355-6369 Ask for the surgeon on-call.

A [Spanish](#) version of this is available from your provider

Send comments or questions to: Familyed@childrens.harvard.edu
