



What is an inguinal hernia?

- An inguinal hernia occurs when there is a weakness or 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 completely 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 occur in 2% of all children, but 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
- Cystic fibrosis
- Developmental hip dysplasia
- Urethral abnormalities

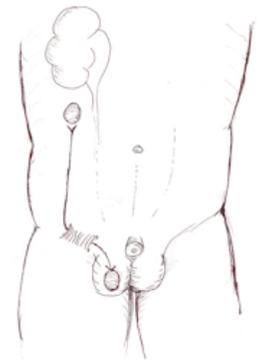
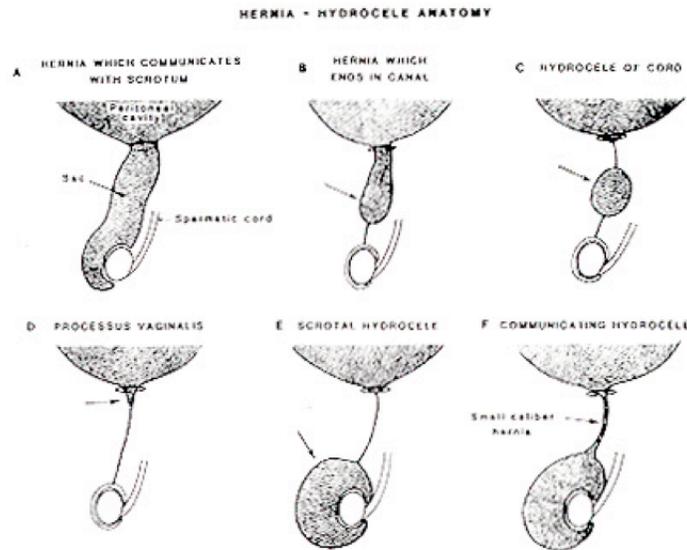


Figure 1

How do you know if your child has an inguinal hernia?

- Inguinal hernias look like a lump or a bulge in the groin 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 becomes caught in the hernia sac, referred to as strangulation. If it remains caught, the blood flow to it can be blocked. This is called an incarcerated hernia or strangulation.
- 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 and avoid injury to the trapped intestine and testicle.
- 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.



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 makes 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 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 observations.
- 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 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 going home that tells 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, nurse or nurse practitioner. Please ask your child's doctor, nurse practitioner or pharmacist to explain any instructions that you do not understand.
- It is usually not necessary to remove stitches. They are under the skin and dissolve on their own.
- A clear waterproof dressing or glue may be applied to the incision.
- Your child may shower or have a sponge bath at home one to two days after surgery. No tub baths for one week 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 practitioner will give you exact instructions.
- Your child's doctor will ask you to make a follow-up appointment or phone call about 2 weeks after the surgery to check how the area is healing. At the follow-up visit, your doctor or nurse practitioner will tell you when it is safe to resume active play, gym class and sports.

When to call your child's doctor or nurse practitioner

- 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
- Increased redness, swelling, or tenderness around incision site
- Bleeding or drainage from incision site
- Fever greater than 101°F
- Pain unrelieved by prescribed medication

Call if you have any questions or concerns.

Numbers to call

- Monday-Friday, 8 a.m.-6 p.m. call the Nurse Practitioners' Line at 617-355-7716.
- After 6 p.m. on weekdays and on weekends and holidays, call 617-355-7800 and ask to speak with the surgeon on-call.

This Family Education Sheet is available in [Arabic](#) and [Spanish](#).