

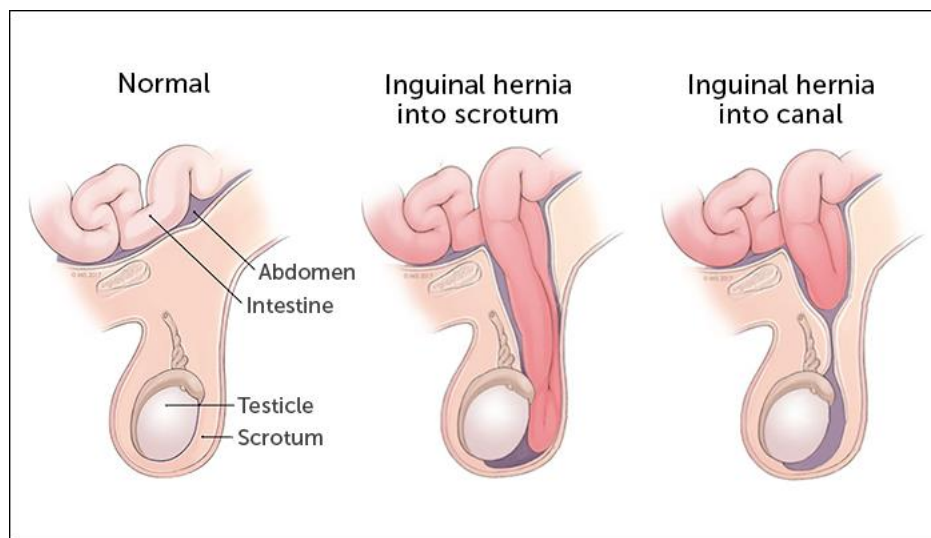
Inguinal hernia information sheet:

Introduction:

Inguinal hernias can occur in up to 5% of the population. This is increased in premature infants. They are more common in males but can occur in females too.

They usually present with swelling in the groin area. This may be more prominent when your child is crying or straining. In boys you may see the scrotum increase in size temporarily while the hernia fills up with additional contents.

Hernias in children are a remnant of a developmental process. As the testicle descends into the scrotum it pulls part of the internal lining of the abdomen with it. If this tunnel stays open a hernia will be present. It is much like the finger of a glove pushing into the groin from the abdominal cavity. Hernias may be filled with fluid or contents from the abdominal cavity. If these contents become trapped in the hernia, they can be damaged by compression of the surrounding canal. These may include intestinal damage or damage to ovaries in girls.



(<https://www.childrenshospital.org/conditions/inguinal-hernia>)

Treatment:

Surgical repair is recommended soon after an inguinal hernia identified. The timing and method may depend upon multiple factors which your surgeon will discuss with you.

Repairs are done in theatre under general anaesthetic. The two common approaches include either via a direct repair through a small incision over the neck of the hernia done in the groin or via a laparoscopic approach. It is a common surgical procedure performed by paediatric surgeons and most patients will be able to go home on the same day as the operation.

Risks:

Hernia's left unattended may become incarcerated causing significant damage to the organ that is trapped in the hernia.

The operation's success is well reported but there are potential risks such as recurrence in the small minority of cases, often with compounding risk factors.