



Hernias and Hydroceles

What is a hernia or hydrocele?

Before birth, the testicles form behind the abdominal cavity and go down through an opening in the groin muscle to get to the scrotum. As the testicle passes through the groin muscle, the testicle pulls the lining of the abdominal cavity through an opening in the groin muscle and down into the scrotum, forming a sac. When the testicle fixes in the scrotum, the body is supposed to close the sac. In some children the sac does not close and either bowel (intestine) or fluid can go down into the sac. Bowel going into the sac is a *hernia* while fluid going into the sac is a *hydrocele*. It is rare for hernias or hydroceles in children to be caused by weakness in the muscle tissues in the groin as is the case in adults.

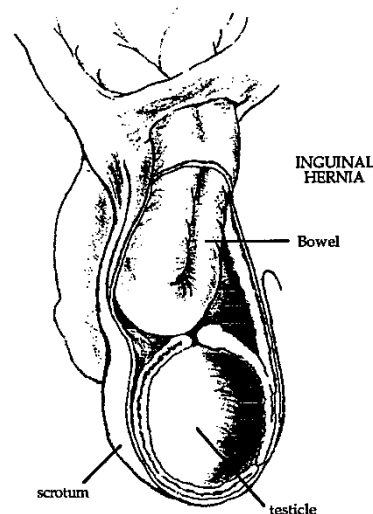


Normal Testicular Descent

In boys a hernia or hydrocele can cause swelling in either the lower groin or scrotum. While girls don't have a testicle that drops, they still have the muscle opening and can develop a similar sac. For girls, swelling due to a hernia occurs in the groin, pubic area,

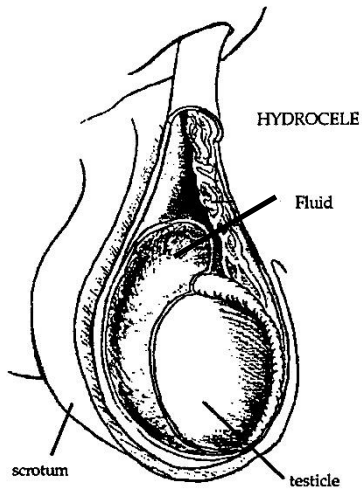
lower abdomen, or labia and can be from intestine, fluid, or even the ovary.

If a child has a hernia, the bowel that goes into the hernia sac can get trapped and kink. This is called an incarcerated hernia. When this occurs, the child can have pain, sudden onset of tender swelling, be fussy or uncomfortable, and may vomit. You may notice that the hernia is larger than before. If you notice that the hernia is firmer, redder, or tender, your child should be seen by a doctor emergently. Fortunately, this doesn't happen often.



If there is only fluid in the scrotum of a baby, the baby may have a small hydrocele. Most of these close on their own. If the hydrocele is still present by twelve months of age, it likely will not go away. A hydrocele that changes in size over the day or comes and goes is called a communicating hydrocele. This is when the sac does not go away and that allows fluid to pass back and forth from

the abdomen to the scrotum. These do not close on their own.



How is a hernia/hydrocele repaired?

Most hernias or hydroceles can be repaired as an outpatient and the child sent home the same day. The child will usually have general anesthesia for the operation. Some very young infants may need to stay overnight for observation after general anesthesia. The surgery usually takes less than an hour.

A small incision is made in the groin, the sac is freed from the surrounding tissues and the sac is stitched shut and removed. The incision is closed with dissolvable stitches and covered with clear tape, Steri-strips, or surgical glue.

After the surgery, the child goes to the recovery room for about 30 minutes and is then brought back to the parents. Most children are discharged in an hour or two once they are back with their parents.

If a child has a hernia or hydrocele on the opposite side, it can be repaired at the same time.

What should I expect after surgery?

The incision is covered with either clear tape, Steri-strips, or surgical glue depending on your surgeon's preference. The clear tape dressing is removed by parents in a week. The Steri-strips or glue will fall off on their own in about 2 weeks.

There may be some minor oozing from the incision or some swelling of the groin area. There also can be swelling of the scrotum in boys, or labia in girls that can be present until the postoperative visit. Most children can take a shower or bath the first day or so after surgery. The dressing should not be soaked in water for longer than 10 minutes.

Most children will receive a local injection during surgery near the incision for pain. This will help for several hours after surgery.

Acetaminophen (Tylenol or another brand) is most commonly used for pain relief after surgery. If your child is over the age of 6 months, you may alternate Acetaminophen with Ibuprofen (Motrin). Some children may also be given a stronger pain medicine for the first day or two after surgery. Do not give aspirin because it may cause bleeding.

Most children can slowly resume normal activity within a few days after the surgery. Your surgeon may also recommend no sports or gym for the first week or so.

Most children's incision heals within the first week or so.

If you have questions

If you have any questions or concerns, please call Pediatric Surgical Associates. (612) 813-8000 or 1-800-992-6983.

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