



## Hernia and Hydrocele

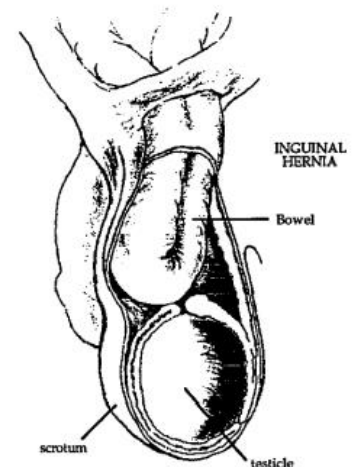
### What is a hernia or hydrocele?

Before birth, the testicles form behind the abdominal cavity and go down through an opening in the groin (the inner area of the hip between the stomach and the thigh) 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 in 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.



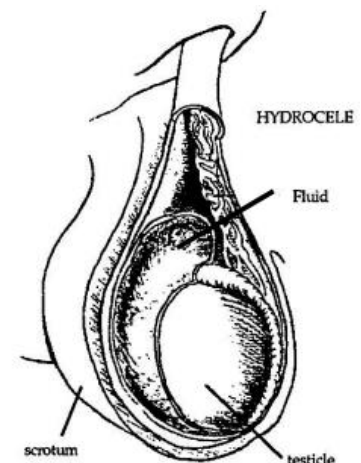
Normal Testicular Descent

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 an 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 swelling that is tender to touch, 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 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 allows fluid to pass back and forth from the abdomen to the scrotum. These do not close on their own.





### **How is it diagnosed?**

History of reported symptoms and physical exam by doctor.

### **When Is surgery needed?**

A hernia at any age should be corrected. A hydrocele that persists beyond 12 months of age usually requires surgical correction.

### **What happens during surgery?**

Your child will receive general anesthesia to help them sleep and not feel pain during surgery. Most children will receive a local injection during surgery near the incision for pain. This will help for several hours after surgery. A small incision is made in the groin, the sac is freed from the surrounding tissues and the sac is stitched shut and removed.

Most hernias and hydroceles can be repaired as an outpatient and the child sent home the same day. Some young infants may need to stay overnight for observation after general anesthesia.

### **Will my child be in pain?**

Most children do well with the surgery. If your child is in pain, pain medicine can help. You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Do not give aspirin because it may cause bleeding.

### **What can I expect after the surgery?**

Before your child is discharged you will be given written information about their care at home and any questions you have will be answered.

- **Diet:** Resume regular diet as tolerated
- **Activity:** Your child may return to school or daycare when pain is well controlled. Avoid straddling activities, contact sports and swimming for 14 days.
- **Wound care:** The incision is covered with clear tape, steri-strips or surgical glue that will fall off or dissolve on its own in about 2 weeks. Expect swelling, bruising and redness of the groin, and scrotum in boys and labia in girls that may be present until your child's follow up visit. Minor bleeding or spotting at incisions is not unusual.
- **Bathing:** It is ok to take a bath 24 hours after procedure. Bathe (5-10 minutes) in plain water for the next 7 days. The dressing should not be soaked for more than 10 minutes. A daily warm bath will help the healing and provide comfort.
- **Medicines:** Most children will receive a local injection during surgery near the incision for pain. This will help for several hours after surgery. You may alternate Acetaminophen (Tylenol® or another brand) and Ibuprofen (such as Advil® or Motrin®). Some children may be given stronger pain medicine for the first day or two after surgery, always follow your surgeon's specific instructions when giving. Do not give aspirin because it may cause bleeding.



### **What to call the surgeon for:**

- Fever with redness or drainage at surgical site
- Significant swelling, bruising, or bleeding at surgical area
- If the wound starts separating

Call your primary care doctor for any other concerns.

**Follow-up care:** Follow-up with your child's surgeon as directed following the surgery. Call your surgeon's office to schedule an appointment. (612) 813-8000

### **Questions?**

This information is not specific to your child but provides general information. If you have any questions, please call your clinic.

Article adapted from O'Neill: Principles of Pediatric Surgery. © 2003, Elsevier and The American Pediatric Surgical Association

### **Testicular Self-Exam**

Doing a self-testicular exam is part of taking good care of your health. Fine motor skills, fingertip sensation and good thinking/reasoning skills are needed. If you feel you struggle with any of these skills, your caregiver should help you with the exam.

1. Testicular exams should be performed once a month.
2. After a warm shower or bath is the best time to check your testes. Heat helps your scrotum relax and makes it easier to feel the testicles.
3. Hold each testicle between your thumb and fingers gently feel the top, bottom, front and back for any new bumps, hard spots, or anything new. You should feel the epididymis (feels like a tube) along the top and back of each testicle; this is normal.
4. Repeat on the other side.
5. Lastly, put the two testicles side-by-side and inspect them. They should be identical in size and shape.

Call your primary health care provider if you notice any of the following:

1. Hard lump
2. One testicle feels bigger than the other.
3. Testicles feel different or heavy.
4. Pain or swelling in scrotum.
5. Dull ache in your groin or lower abdomen.