

What is it?

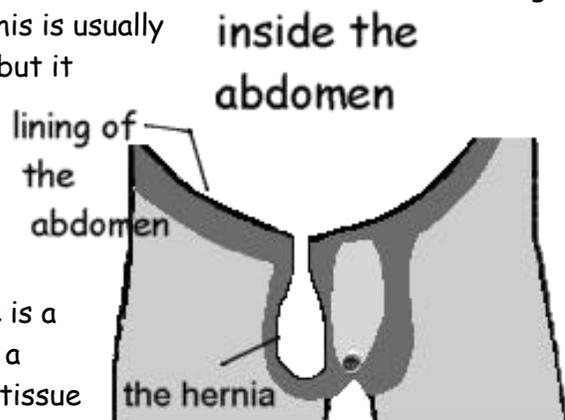
In the lower part of the abdomen there are two holes in the tummy muscles, one on either side. Through these holes come a variety of structures - including the blood vessels to the testes (in males) and a ligament from the womb (in females).



In some babies/children a balloon-like structure also comes out through the hole.

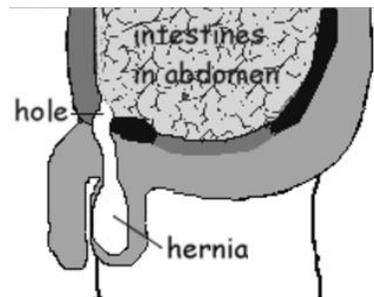
In that case, something from inside the abdomen can also come through the hole and fill the balloon. This is usually part of the bowel (intestines) but it

can also be the ovary (in girls). It does this when there is any pressure in the abdomen - so stopping your child from crying or playing sport won't help! What you see is a lump and we say your child has a hernia. The balloon is made of tissue paper thin material that looks like the lining of inside your mouth. That's why, until something is filling it, you can't feel it or tell if your child has a hernia - and it is too thin to be seen on an ultrasound scan.



How did my child get it?

All babies have these balloons when they are very tiny inside the womb. They're just an extension of the lining of the abdomen. The "blow-up" bit of the balloon usually seals off sometime before birth. We don't know why it didn't do this in your child. Certainly it has



nothing to do with anything you or your partner did or didn't do during pregnancy and it has nothing to do with letting your baby cry or your child lifting heavy things.

Is it a problem?

Unfortunately, "Yes". The bowel/ovary etc can get stuck in the balloon and the blood supply to that structure gets cut off! We call this "strangulation".

In males, strangulated bowel can also cut off blood supply to the testis.

What needs to be done?

The balloon won't go away by itself and surgery is the best choice. This is a very common operation. A small cut is made in a skin crease over the hole. The balloon is gently separated from the other things coming through the hole and then closed off with a stitch. As there's no actual weakness, there's no need to do anything else and the skin cut is closed with a dissolving stitch. All you will see is a scratch on the skin.

The surgery is done under general anaesthetic, usually as a "day-stay".

What can I expect afterwards?

Children set their own pace. Most children will be back to normal by the next day. There may be some minor bruising or swelling around the cut and sometimes well below it (in the scrotum in boys or labia in girls). This is from the operation itself and local anaesthetic I put in the wound. I will give you a handout on what to do about pain, washing, eating, wound care and so on.

Possible risks include: infection in the wound; bleeding and a remote chance of the hernia coming back. In boys, the following can also occur: damage to the blood vessels (resulting in the testis on that side shrivelling up), damage to the vas (tube that carries sperm in later life) or, finally, the testis being pulled up into the groin by scar tissue. The chance of any of these things is 1% or less. Remember that if the hernia strangulates (as it will do!) the chance of any of these is at least 5-20% and the anaesthetic risks increase dramatically. There is about a 10-15% chance of a hernia appearing on the other side in the future. We will have discussed whether we should make a cut on the other side or just "wait and see".

Why not use this page for notes and things to remember...

Handwriting practice area consisting of 15 horizontal dashed lines.

Inguinal Hernia

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