

Inguinal Hernia in Boys

This leaflet provides information about inguinal hernias in boys. If you have any further questions or concerns, please speak to the staff member in charge of your baby's care.

What is an inguinal hernia?

During pregnancy, the testicles develop inside the abdominal cavity and not in the scrotum. Four months before birth, a tunnel formed by the smooth lining of the abdominal cavity pushes down into the scrotum and about two months before birth, the testicles move down this tunnel into the scrotum. The tunnel should then close. In some babies, the tunnel does not close completely. If the tunnel is large enough, it will allow the intestines to move down toward the scrotum, particularly when the baby cries or strains. This is called an inguinal hernia. These are more common in boys who are born prematurely and in babies that have more pressure in their abdomen – babies with extra fluid in their tummy from another condition or babies with abdominal wall defects – with bowel outside the abdomen (exomphalos or gastroschisis).

Why does your baby need an operation?

The intestine can move in and out of the abdomen quite easily but the contents can get stuck. This cannot be predicted but, once this happens, it can lead to a blockage of the intestine or damage to the blood vessels to the testicle. If this happens, the hernia needs to either be reduced by a doctor or, if this is not possible, emergency surgery is required as the testicle or bowel may become damaged.

Otherwise, your surgeons will aim to repair the hernia in a few weeks to a few months at most, given the risk of incarceration (hernia getting stuck). If you go home before the hernia is repaired, you will be told to return to the hospital urgently for review if the hernia becomes firm, sore to touch (baby cries any time you touch it), if the baby's abdomen becomes big, if they vomit and are not passing any wind or stool. Baby should be seen urgently by a doctor to try to reduce the hernia. If this is successful, you may be kept for observation and the surgery may be done sooner. If it is unsuccessful, baby will have urgent surgery.

What does the surgery involve?

The surgery is done under a general anaesthetic. The procedure can be done either as keyhole or open surgery although your baby may not be a candidate for keyhole surgery if he is very small and has associated conditions. The surgeon may also have a preference in terms of the procedure. Both procedures have the same profile in terms of risks, success rates and complication rates. The surgeon will make a cut (incision) in your baby's groin or three cuts on their abdomen. The intestine will be pulled back into the abdomen and the hole in the tunnel will be repaired with stitches.

The skin is closed with stitches under the surface. Local anaesthetic will also be used to numb the skin to reduce any pain baby may feel after waking up. Small dressings may be applied.

What happens after the operation?

Occasionally after an anaesthetic your baby may need a little help with their breathing and if they have recently had oxygen, they may continue to need oxygen or to be ventilated (Ventilation: artificial breathing). Even if they are off oxygen, small babies need to be monitored overnight to ensure their breathing stays normal.

Milk feeds can usually be restarted once your baby begins to wake up.

Are there any complications?

- Inguinal hernia repairs are usually straightforward and successful. A return of the hernia is possible and can occur in one in 50 cases. Rarely, the testicle does not stay in the proper position and may need an operation to bring it back into the scrotum.
- Infection and significant bleeding are very rare.
- There is a small risk of injury to the testicle or blood vessels to the testicle that may result in poor growth or, rarely, loss of the testicle.
- Sometimes, after repairing an inguinal hernia on one side, a hernia may become evident on the opposite side. This is not a complication of surgery; this hernia will also need to be repaired.

Caring for your baby after surgery

Keep the wound(s) clean and dry for two days. If the area becomes soiled with faeces (poo), wash with water and gently pat dry. After two days, your baby may have a bath but do not soak the wound in water and do not use bubble bath. The stitches (sutures) are under the skin and dissolvable. They can take a longer time to dissolve.

Following discharge, your baby will be seen in the outpatients department by the surgical team.

If St George's Hospital is not your local hospital

Once your baby has had surgery and made a good recovery, i.e. when their specialist medical and nursing requirements are fewer, baby will be transferred back to the care of your local hospital. This transfer is a sign of progress and will not occur until the baby is ready. It will allow you to be closer to home and become familiar with your local healthcare professionals.

Useful sources of information

BLISS

Bliss is a support group which can offer support and advice to families with babies with a range of conditions.

Bliss
1st Floor North
10-18 Union Street
London
SE1 1SZ



Enquiries: 020 7378 1122
Email: hello@bliss.org.uk Website: www.bliss.org.uk

Use your smartphone to scan the QR code (you may need to download a QR code scanning.)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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