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## Inguinal hernia repair

### **Definition**

Inguinal hernia repair is surgery to repair a hernia in the abdominal wall of your groin. A hernia is tissue that bulges out of a weak spot in the abdominal wall. Your intestines may bulge out through this weakened area.

During hernia repair, this bulging tissue is pushed back in. Your abdominal wall is strengthened and supported with sutures (stitches), and sometimes mesh.

### **Description**

You will receive general anesthesia (asleep and pain-free) for this surgery.

In open surgery, your surgeon will make an incision (cut) near your hernia.

- Your surgeon will find the hernia and separate it from the tissues around it.
- Your surgeon will then remove the hernia or push it back inside your abdomen.
- Your surgeon will close your weakened abdominal muscles with stitches. Often a piece of mesh is also sewn into place to strengthen your abdominal wall. This repairs the weakness in the wall of your abdomen.

Your surgeon may use a laparoscope instead of doing open surgery.

- A laparoscope is a thin tube with a tiny camera on the end that allows your surgeon to see inside this area. Your surgeon will make 3 or 4 small incisions in your lower belly and insert the laparoscope and other small instruments through them.
- The same repair will be done as the repair in open surgery.
- The benefits of this surgery are a faster healing time and less scarring. Laparoscopic surgery may not be recommended for larger or more complicated hernias.

### **Why the Procedure Is Performed**

Your doctor may suggest hernia repair surgery if you have pain or your hernia bothers you during your everyday activities. If your hernia is not causing you problems, you may not need surgery. Hernias do not go away on their own, and they may get larger. Sometimes the intestines inside of a hernia can become trapped. This can be life threatening. If it happens, you would need emergency surgery right away.

## **Inguinal hernia repair (continued)**

### **Risks**

#### **Risks for any surgery are:**

- Reactions to medicines
- Breathing problems, such as pneumonia
- Heart problems
- Bleeding
- Infection

#### **Risks for this surgery are:**

- Long-term pain in the incision area
- Damage to other blood vessels or organs
- Damage to the testicles if a blood vessel connected to them is harmed
- Return of the hernia

### **Before the Procedure**

Always tell your doctor or nurse if:

- You are or could be **pregnant**
- You are taking any drugs, supplements, or herbs you bought without a prescription

#### During the week before your surgery:

- Several days before surgery, you may be asked to stop taking drugs that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), clopidogrel (Plavix), warfarin (Coumadin), naprosyn (Aleve, Naproxen), and other drugs like these.
- Ask your doctor which drugs you should still take on the day of surgery.

#### On the day of your surgery:

- Do not eat or drink anything after midnight the night before surgery.
- Take your drugs your doctor told you to take with a small sip of water.
- Your doctor or nurse will tell you when to arrive at the hospital.

### **After the Procedure**

Most patients are able to get out of bed an hour or so after this surgery. Most can go home the same day, but some may need to stay in the hospital overnight. If you have problems urinating, you may need a catheter (a flexible tube that will drain urine) in your bladder for a short time.

## Discharge Instructions for Inguinal Hernia Repair (Pediatric)

Your child had a procedure called inguinal hernia repair. A hernia, also called a "rupture," is a weakness or tear in the wall of the abdomen. An inguinal hernia looks like a bubble or bulge in your child's groin area. This is from the intestine bulging against the weak spot. During your child's surgery, the doctor made a small incision to repair and reinforce the weak spot. Here's what you need to know following your child's surgery.

### Home Care

- Remember, your child's stitches should dissolve on their own. The incision doesn't need much special care.
- Don't pull off the strips of tape (Steri-Strips) that are used to close your child's wound. These should come off on their own in a week or so. After 10 days, if the strips are still in place, you may remove them.
- For the first 3 days after surgery, give your child sponge baths only. After this, the child can bathe or shower as needed.
- For a week after surgery, don't let your child do any straddling-type activities, such as riding bicycles, tricycles, or horses.
- Keep your child quiet for 48 hours after surgery. After that, he or she can resume most normal activities, such as school or day care. Rough sports should be avoided for a week.
- Let your child eat or drink as desired.
- Give your child pain medications as needed. After 2 days, the child should be in little or no pain.

### Follow-Up

Make a follow-up appointment as directed by our staff.

### When to Call Your Doctor

Call your doctor right away if your child has any of the following:

- Signs of infection around the incision (redness, drainage, warmth, pain)
- Trouble urinating
- Fever above 100.1°F or shaking chills
- Vomiting or nausea that doesn't go away
- Excessive swelling of the scrotum (in males)

### Outlook (Prognosis)

The outcome of this surgery is very good. The hernia returns in less than 3 out of 100 patients who have this surgery.