

# Care After Inguinal Hernia Surgery in Urology

This handout explains how to care for your child after a surgery to repair their inguinal hernia in our urology clinic. It discusses symptoms of hernias, diagnosis, what surgery is like, bathing and diet at home, and when to call if there are problems.

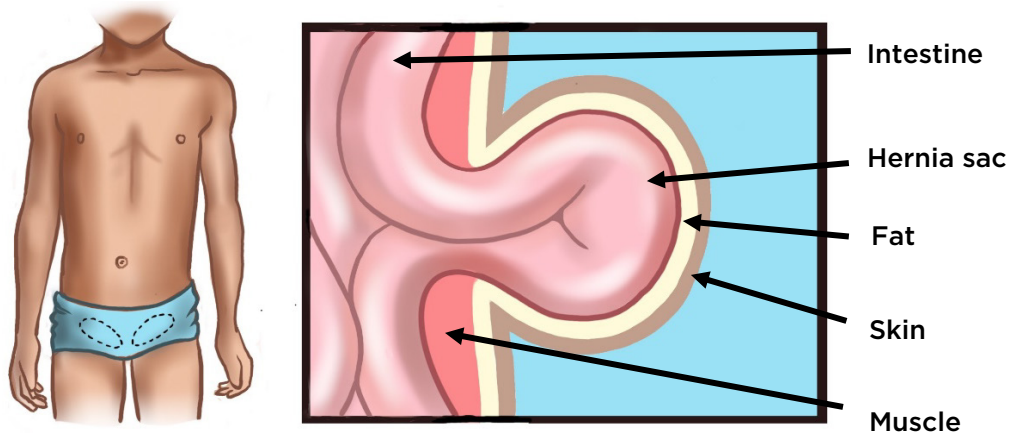
## What is a hernia?

A hernia is when body tissue pushes through an opening or weak spot in a muscle wall inside the body. It pushes into a space where it doesn't belong.

## What is an inguinal hernia?

In children, an inguinal (IN-gwuh-nul) hernia is connected by a sac of tissue in the groin that normally closes at birth. If the sac does not completely close off, a connection remains between the groin and the lower belly. Fluid, intestine, fat, or even an ovary (the organ that holds eggs) can fill this sac and cause it to swell. They are not due to muscle weakness. Inguinal hernias can be pushed back into the belly (abdomen).

An inguinal hernia occurs near the crease between the abdomen and leg.



## What are the symptoms?

If your child has an inguinal hernia, you may see swelling or a bulge in the groin area while you bathe or change your child's diaper. The swelling can extend down into the scrotum or the labia. This bulging can increase when your child is active or crying and it may decrease as your child lays down and relaxes. It is possible to have a hernia on both sides.

Most children with an inguinal hernia do not have pain but some can be fussy or complain of pain with exercise.

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### To Learn More

- Urology: 206-987-2509
- Hospital operator for after-hours: 206-987-2000
- Ask your child's healthcare provider
- [seattlechildrens.org](http://seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

### How is it diagnosed?

The surgeon will talk with you or your child and then carefully examine your child's belly area and groin on both sides to feel if a hernia is present.

We do not usually order imaging studies (like x-rays or ultrasounds) to look for hernias, because they can be hard to detect.

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### Why does the inguinal hernia need to be repaired?

- An inguinal hernia will not go away if left alone.
  - Activities such as running, crying or straining for a bowel movement can make the hernia appear larger and can be uncomfortable.
  - The opening needs to be closed to prevent an incarcerated hernia.
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### What is an incarcerated inguinal hernia?

An incarcerated hernia is when an inguinal hernia has a portion of intestine, or an ovary, twisted or trapped in the opening and won't go back into the belly (abdomen). This is very rare but can happen at any time.

**This is an emergency that needs to be fixed right away**, because the blood supply to that organ can be cut off and lead to serious damage.

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### What do I do if my child has an incarcerated inguinal hernia?

**Call 911 for an ambulance or take your child to the emergency room if you notice signs of an incarcerated hernia:**

- Sudden sharp pain that doesn't stop. Your child will not stop crying (they may be inconsolable).
  - Your child has nausea and vomiting green fluid (bile).
  - The bulge feels very hard and doesn't go back into the belly (it does not retract).
  - The skin around the hernia is discolored, darker, purple or red.
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### Where can I watch videos that explain how to care for my child after surgery?

We created videos to explain how to care for your child after surgery. You can search for these titles on YouTube. You may need to log in due to age restrictions.

"How to Care for Your Child After Hernia and Testicular Surgery"  
[youtube.com/watch?v=kKgvtiGyTLE](https://www.youtube.com/watch?v=kKgvtiGyTLE)



### What can I expect from surgery?

Your child will be in the operating room and given medicine (general anesthesia) that will cause your child to be asleep and not feel pain during surgery.

We may also use regional anesthesia, or regional blocks. With a regional block, your anesthesia doctor uses ultrasound to find the nerves that supply the area being operated on. Then local anesthetics (numbing medicines) are sent to that area through an injection or a catheter.

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Regional blocks have these advantages that many parents find comforting:

- Your child will receive less general anesthesia.
- Most kids will have less nausea and feel more alert after surgery.
- Your child will likely need less pain medicine after surgery.

The effects of a regional block can last about 6-8 hours. We cut (make an incision) along the inguinal space near the crease between the abdomen and leg. We drain any collected fluid and place all organs in the correct spot if any shifted through the opening.

The hernia connection is then closed with small stitches that will dissolve over time. You will not be able to notice these inner stitches from the outside. The incision is often covered with skin glue (Dermabond). You won't see any stitches on the outside skin. The stitches are underneath the skin and will dissolve on their own.

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### When will my child be able to go home?

Most children go home the same day of surgery.

If your child has another medical condition, they may need to stay overnight.

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### What can my child eat after surgery?



It is common for children to feel sick to their stomach (have nausea) and throw up (vomit) after surgery. Slowly give your child clear liquids to help.

When fully awake, your child may have clear liquids like 7UP, Jell-O, popsicles and apple juice.

If your child is not sick to their stomach or throwing up and is fully awake, it is okay to start their regular diet.

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### How do I care for the surgery site?



- The skin glue (Dermabond) will usually peel off on its own in 10 to 14 days.
- You do not need to come back to have stitches removed, because they dissolve on their own.
- You can expect mild redness, discoloration and bruising under the skin glue. The groin area and scrotum may be bruised or swollen to twice the normal size after surgery.
- This may take several weeks or months to return to normal size. If bruising or swelling do not go away after several weeks, please bring your child back in for a clinic appointment.

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### Can my child take a bath, shower, swim or get wet?



- It is ok to sponge bathe your child after surgery. Avoid showers and baths for 48 hours (2 days) after surgery.
- It is ok for showers or baths after 2 days, but do not soak for longer than 10 minutes.
- It is ok to rinse off poop even if it is before the 2-day bath cutoff.
- No swimming for 2 weeks.

### How much activity can my child do?

Watch your child closely on the day of surgery.

### If your child is younger than 2 years of age:

Younger children will limit their own crawling, walking and activities on their own. There is no need for additional activity limitations.

Car seats and stroller straps are safe. Use as instructed by the manufacturer.

Avoid any straddle activities with your child that would increase pressure between the legs.

#### For 2 weeks, do not:

- Hold your child on your hip
- Bounce your child on your knee
- Use baby-wearing devices where your baby's legs are separated
- Use bouncer toys with a harness

### If your child is 2 years of age or older:

A good guideline is to keep both of your child's feet on the ground for 2 week. Avoid strenuous activities, rough-housing or activities that involve straddle-activity.

#### For 2 weeks, no:

- Jungle-gyms/climbing
- Gym class/PE (physical education)
- Bicycles/tricycles
- After-school sports

### When can my child return to school or daycare?

Some school-aged children may need to stay home to rest 1 day after surgery. If they feel well enough, they can return to school after that.

### Will my child have pain after surgery?

After surgery, your child will likely feel pain in the groin.

We partner with you and your child to relieve pain as much as possible. You know your child best. We encourage you to take an active part in your child's recovery. Your child should feel better the next day.

### How do I manage my child's pain?



- Effective pain control will help your child feel better and heal faster. Start by giving your child acetaminophen (Tylenol) alternating every 3 hours with ibuprofen (Advil or Motrin) for the first 2 days after surgery, then use it as needed. If your child is an infant and only prescribed acetaminophen, start by giving it every 4-6 hours for the first 2 days after surgery. Use this medicine only if recommended by your child's healthcare provider.
- If your child's healthcare provider prescribed an opioid medication for pain, use this only if the acetaminophen or ibuprofen does not help relieve pain.
- Acetaminophen and prescription pain medicine may not be safe to use at the same time. Check with your healthcare provider or pharmacy.
- In addition to medicine for pain, you can also help your child cope by distracting them with music, games, books, TV, or videos.

### How do I dispose of leftover opioid pain medication?

- To keep your family safe, store medicines inside a locked cabinet or location where others cannot easily get to them. Once your child has recovered from surgery, dispose of all unused prescription medicines.
- Taking leftover pain or other medicines, on purpose or by accident, can be very dangerous.
- For more information about safe disposal of unused opioid medicine, read our handout "Safe Use and Disposal of Opioid Medicines" at [seattlechildrens.org/pdf/PE3140.pdf](https://seattlechildrens.org/pdf/PE3140.pdf) or visit [takebackyourmeds.org](https://takebackyourmeds.org) to find a take-back place near you.

### When do I call?



Monday to Friday, for questions or urgent concerns listed below, call Urology at **206-987-2509**.

Send MyChart messages for non-urgent questions.

Nights, weekends and holidays, if you have urgent concerns from the following list call **206-987-2000** and ask for the Urology Resident on call.

- Fever higher than 101.5° F (38.6° C) for more than 24 hours
- Redness, swelling or discharge (fluid) from the wound
- Rapid swelling or bleeding from the surgery site
- Severe, constant pain at the surgery site not controlled by the medicine prescribed
- Throwing up (vomiting) 4 or more times in 12 hours
- Cannot pee for a span of 8 hours after surgery
- Persistent scrotal swelling that lasts more than a couple of months.

**Note: this is an urgent issue. Call us right away if your child has this.**