Inguinal hernias and hydrocoele

This leaflet offers information about inguinal hernias and hydrocoele. If you have any further questions or concerns, please do not hesitate to contact the admissions office on the number listed at the end of this leaflet.

What is an inguinal hernia or hydrocoele?

A hernia is a lump in the groin and a hydrocoele is a scrotal swelling.

As your baby boy is developing during pregnancy, the testes develop in the abdomen (tummy) and then move down through a tunnel called the inguinal canal into the scrotum. Usually, this tunnel closes shortly after your baby is born. If it does not close, a loop of intestine can move in and out of it, causing a hernia. If the opening is small it may only allow fluid through, rather than the intestine itself, and this causes what is known as a hydrocoele.

Girls have the same tunnel, so they can develop hernias in this area also, although this is less common. Hydrocoele in girls are also very rare.
How will I know if my child has a hernia or hydrocele?
A hernia will usually be a lump in the groin that can disappear intermittently. A hydrocele is a noticeable swelling in the scrotum.

If your child has either of these, you should visit your doctor (GP) so that your child can be referred to a paediatric (children's) surgeon.

Hernias and hydroceles can disappear and may not be present when you see the surgeon, so it may be helpful to take a photograph of the lump or the swelling, and bring it along to your hospital appointment.

How is a hernia or hydrocele treated?
Both hernias and hydroceles are treated with an operation under general anaesthetic. This means that your child will be asleep for the entire procedure. The operation can usually be performed as a day case, which means that your child can come into hospital and go home on the same day.

Hernias will not settle on their own, and if left untreated, there is a risk that bowel from the abdomen can get stuck in the hernia and require emergency treatment.

Hydroceles often settle on their own but if they persist beyond two years of age your surgeon will discuss treating the hydrocele with an operation.

If the lump in your child's groin becomes painful, hard or red before the operation date, the hernia may be stuck. If this happens, you should take them to your nearest accident and emergency (A&E) department as soon as possible.

What happens before the operation?
You will receive information on how to prepare your child before the operation. You may receive a letter, a phone call, or both. Your child will need an empty stomach for the operation, so the information given will include instructions on when your child should start fasting. It is important to follow these instructions – your child’s operation may be delayed or even cancelled if the instructions are not followed correctly.

On the day of the operation, the surgeon will go through the operation in more detail and you will be asked to sign a consent form. The surgeon will re-examine your child and draw an arrow or mark on the side that is affected. You will also speak to an anaesthetist (doctor who gives the anaesthetic).

What happens during the operation?
What happens during the operation will depend on whether your child is going to have an open or laparascopic (keyhole) procedure. This will be discussed with you before the operation.

**Open procedure:** The surgeon will first make a cut in the groin area (see Figure 1 below). If your child is having a hernia repair, the contents will be pushed back into the abdomen and the tunnel will be closed with a stitch. If your child is having a hydrocele repair, the fluid will be drained and the tunnel closed in the same way. The incision is then closed with stitches placed under the surface of the skin.
Laparoscopic (keyhole) procedure: The surgeon will make three small cuts to the abdomen (see Figure 2 below). The contents of the hernia will be pushed into the abdomen, and the hole in the abdominal wall will be closed with a stitch. If there is also a hole on the other side, this will be closed at the same time to reduce the chances of another hernia developing. The incision is then closed with stitches placed under the surface of the skin. Hydrocoeles can also be treated laparoscopically.

Are there any risks?

All operations carry some risk. General surgical complications include:

- **Bruising:** There may be some bruising around the operation site and sometimes swelling may occur. This should settle over a few weeks.
- **Infection:** It is possible that a wound infection can occur. In the days following your child’s operation, you should look out for any redness or discharge (seeping or pus) in or around the wound site. If you notice either of these, seek medical advice, as your child they may need antibiotics.

Specific risks of hernia and/or hydrocoele repair are uncommon, but include:

- **Injury to blood vessels or vas deferens:** The blood vessels and sperm cord (vas deferens) leading to the testes are close to where the surgeon will be operating. Your surgeon will separate them with great care, but there is a small risk they can be injured during the procedure. If this happens, the testicle on the side that is being operated on can reduce in size and may not function as it should.
- **Recurrence:** There is a risk that even after the operation, a hydrocoele or hernia may return on the same side (1% risk) or that a new hernia or hydrocoele could appear on the opposite side of the body (4–5% risk).

After the operation

You will receive information and guidance from your nurses regarding how to care for the wound and when to resume normal activities.

The majority of children recover well and go home the same day, but if your child is less than three months old or has other medical problems, we may plan for them to stay overnight for observation.
Appointments at King’s
We have teamed up with King’s College Hospital in a partnership known as King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King’s. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Contact us
If you have any questions or concerns regarding your admission, please contact the paediatric admissions office on 020 7188 4695 or PaediatricAdmissions@gstt.nhs.uk

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

Evelina London Medicines Helpline
If you have any questions or concerns about your child’s medicines, please speak to the staff caring for them or contact our helpline.
t: 020 7188 3003 10am to 5pm, Monday to Friday
e: letstalkmedicines@gstt.nhs.uk

Patient Advice and Liaison Service (PALS)
To make comments or raise concerns about the Trust’s services, please contact PALS. Ask a member of staff to direct you to the PALS office or:
t: 020 7188 8801 at St Thomas’  t: 020 7188 8803 at Guy’s  e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)
For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas’ Hospital.
t: 020 7188 3416

Language Support Services
If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.
t: 020 7188 8815  fax: 020 7188 5953

NHS Choices
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
w: www.nhs.uk