

# Your child's groin (inguinal) hernia surgery

**This leaflet is about your child's procedure to repair a groin or inguinal hernia (a swelling or lump in the groin area). It explains what you should do before your child's procedure, on the day of the procedure and when you return home.**

## Your child's condition and procedure

### **Why does my child need a groin hernia repair?**

Your child is having this procedure because there is a weak area in their tummy (abdominal) wall. Some of your child's tummy contents (most often the bowel) are pushing through the weak area. This can appear as a swelling in your child's groin or around the testicles. It may come and go.

Boys and girls can have groin hernias, but they are much more common in boys.

A groin hernia will not get better on its own. Sometimes, it may be uncomfortable. If the groin hernia is left untreated, it could get stuck. There is a chance that the bowel, testicle or ovary could then be damaged. If your child's groin hernia becomes painful, sore to touch and hard before their planned surgery, they need to see a doctor. You can make an urgent GP appointment or take your child to your nearest emergency department (A&E).

## Before your child's procedure

### **What needs to happen before my child's procedure?**

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

### **Do I need to get pain medicine ready for my child?**

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

## On the day of the procedure

### When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

### During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

We can do 2 types of groin (inguinal) hernia repair:

- **Open surgery**

This is when the surgeon makes a cut to push the hernia (lump) back into your child's tummy.

- **Keyhole (laparoscopic) surgery**

This is a less invasive but more complex type of surgery. The surgeon makes several smaller cuts and uses instruments to repair your child's hernia.

The type of surgery that your child has depends on their age and what their surgeon prefers. The surgeon tells you which method is best for your child, but they have similar results.

If your child has open surgery, the surgeon makes a small cut above the hernia. They separate the hernia from important groin structures and the testicle tube in boys, and make sure that the blood vessels are protected. When the surgeon has finished the repair, they stitch the hernia sac closed and seal the skin with dissolvable stitches (sutures).

If your child has keyhole surgery, the surgeon makes a small cut in the belly button and inserts a special camera. They then make 2 more cuts to insert surgical instruments. The surgeon can see the hernia from the inside and stitches it closed carefully to protect important structures. If there is a weakness on the other side, this can also be strengthened. The surgeon may stitch or glue the wounds closed.

### Are there any other treatment options to this procedure?

Hernias do not get better on their own. They can only be fixed with surgery.

### Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

A groin hernia repair is routine surgery with very few risks, but there are some possible complications.

If there is unintended damage to the testicle, its blood supply or the testicle tube called the vas deferens, this can lead to poor testicle growth. Rarely, the testicle may shrink away. The testicle could also move higher as your child grows and they may then need another procedure.

There is a small chance that the hernia could return or your child could get a hernia on the other side. If they have keyhole surgery, the surgeon can fix any hernia on the other side at the same time.

Very rarely, there could be:

- bleeding during the procedure
- an infection after the procedure that needs to be treated with antibiotics
- damage to the surrounding structures in the body

## After your child's procedure

### **How will my child look and feel after their procedure?**

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

After the procedure, your child has glue or a dressing over their groin wound. Sometimes, the groin or testicle area looks swollen or bruised for a few days. This should settle within 2 weeks.

### **Will my child be in pain after their procedure?**

During the procedure, we usually give your child:

- painkillers, including paracetamol
- fluids
- anti-sickness medicines
- a local anaesthetic medicine in their spine or around the groin wound

The local anaesthetic gives your child long-lasting pain relief when they wake up. It should keep your child comfortable until you get home.

We give your child paracetamol and ibuprofen regularly while they are with us. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

### **When can my child eat and drink or feed after their procedure?**

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure. Very rarely, if your child had a tricky procedure, we may ask for feeding to be delayed until we have examined them. The nurses tell you if you need to wait.

### **Do we see the surgeon after my child's procedure?**

Usually, the surgeon comes to see your child after their procedure. If the procedure was straightforward, they may give permission for the nurses to send home (discharge) your child. This avoids keeping you waiting until the surgeon has finished all the cases on their operating list.

## When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

## After you go home

### How do I care for my child's wound after their procedure?

You need to avoid putting your child in a bath or shower for 2 days (48 hours) after their procedure. For the next 5 days, you can give your child a shallow bath or quick shower. It is best to pat the wound dry rather than rubbing it with a towel.

Here is some guidance about what to expect as your child's wound heals:

- **Surgical glue**  
If we have used glue (often a slightly blue colour) to close your child's wound, this will slowly flake off.
- **Paper stitch or dressing**  
If we have used a paper stitch or dressing, you can remove this like a normal sticking plaster after a week. Dressings sometimes fall off after a few days. You do not need to put a new dressing on your child's wound, even if they wear a nappy. However, you can put a simple sticking plaster over the wound if you like.
- **Stitches**  
If we have used stitches, they will be buried under your child's skin and dissolve with time. You can sometimes see the ends of the stitches, but should leave them to fall out on their own.

### How can I manage my child's pain after their procedure?

We recommend giving your child paracetamol and ibuprofen regularly for 2 days after their procedure and then as needed. Please remember to buy these medicines before the day of your child's operation. It is also important to make sure that your child drinks plenty of fluids.

After 2 days, your child should only need the pain medicines sometimes. By day 5, they may not need them at all.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

### Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

### Do I need to look for any symptoms after my child's procedure?

Often, your child's groin or testicle area gets a bit swollen or bruised after the procedure. This should slowly settle. Sometimes, there are a few drops of blood.

If the bleeding continues or the swelling does not settle, your local hospital or a GP should see your child. They can then contact us if there are any concerns.

Very rarely, wounds can get infected. Ask for an urgent GP appointment if:

- your child's wound looks red and inflamed. The redness may spread from the wound, but this may be slightly harder to notice on brown or black skin
- there is leaking fluid (discharge) or pus (a yellow-green liquid) from the wound
- the area around the wound feels itchy or hot to touch
- your child has a high temperature (fever)

Contact us and go to your nearest emergency department (A&E) if your child:

- has increasing pain that does not get better with paracetamol or ibuprofen
- is being sick (vomiting)
- is more unwell than you expected

## Do you see my child again after their procedure?

Many children do not need to be seen again after a straightforward groin hernia repair. We may give your child a follow-up appointment if:

- their procedure was difficult or done as an emergency
- they are particularly young
- we are concerned about the testicle's position or possible bruising that may affect the growth of the testicle

Depending on the reason for seeing your child again, we arrange a follow-up appointment between 6 weeks and 6 months after the procedure. If you live in Lewisham or Kent, we may see your child at one of our local clinics.

### Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** [gst-tr.paediatricadmissions@nhs.net](mailto:gst-tr.paediatricadmissions@nhs.net)

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns between 7am and 9pm** about your child's surgery, call the children's day surgery unit, **phone** 020 7188 5300

If you have any **concerns between 9pm and 7am** about your child's surgery, call the Savannah ward through the main switchboard, **phone** 020 7188 7188

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time (for example, they are bleeding from the mouth or nose), go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.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, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)



Leaflet number: 5391/VER1

Date published: June 2023

Review date: June 2026

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A list of sources is available on request