

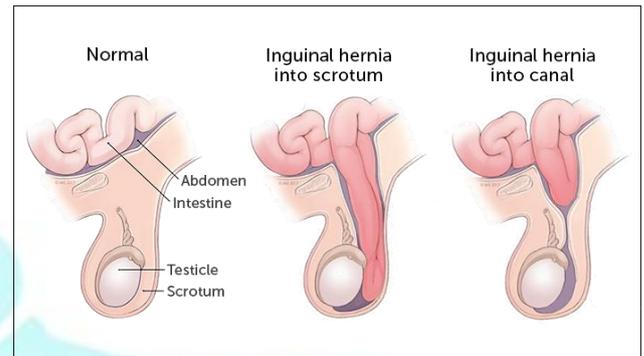


Operation Information

Inguinal Hernia Repair in Children

Introduction

A hernia is an abnormal lump in the groin region of the abdominal wall. Inguinal hernia is one of the most common paediatric problems that cannot be prevented and cannot spontaneously resolve. Inguinal Hernia Repair is an operation to close the defect at the deep inguinal ring region which can be performed either by the traditional open or laparoscopic method. Please discuss with the doctor for the most appropriate repair for your child.



Source:

https://www.childrenshospital.org/sites/default/files/media_migration/2372a9ff-523d-46ef-a7a1-ec9a945b29c3.png

Outcomes

The expected outcome of this operation is that the hernia will be repaired. It will help to prevent any problems developing as a result of the hernia.

Procedures

1. The operation is performed under general anaesthesia.
2. Open Inguinal Herniotomy
 - A small incision is made over the groin region.
 - The hernial sac is identified and separated from the adjacent structures.
 - The defect is then repaired by ligating the hernial sac at the deep inguinal ring region.

Laparoscopic Inguinal Hernia Repair

- A small incision is made at the umbilical region and a laparoscopic port is inserted.
 - A laparoscope is inserted into the abdomen.
 - Laparoscopic instruments are inserted via two small incisions at the lower abdomen to perform the repair.
 - If an opposite defect presents, the repair can be performed in the same setting.
3. The wound is closed by absorbable sutures.

Possible Risks and Complications

1. Wound bleeding
2. Haematoma
3. Wound infection, abscess, dehiscence
4. Hypertrophic scar
5. Urinary retention
6. Recurrence
7. Scrotal or groin edema
8. Reactive hydrocele
9. Damage to vas deferens and / or testicular vessels resulting in testicular damage
10. Damage to the testis or epididymis

11. Testicular atrophy
12. Iatrogenic trapped testis
13. Damage to the nerves resulting in numbness of the perineum and upper thigh
14. Damage to major vessels, small bowel, large bowel, omentum, ovary, fallopian tube and urinary bladder (rare)
15. Torrential bleeding (rare)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise your child to clean up him/herself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed by the parents or guardian prior to the operation.
3. Please inform the doctor and nurse your child's past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if your child is taking medications that affect blood coagulation such as Aspirin, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen and Chinese medication.
4. An anaesthetist will visit you and your child to explain about the anaesthesia.
5. Routine tests will be performed before the operation.
6. No food or drink six hours before operation.
7. Please help to change into a surgical gown for your child after removing all clothing including undergarments and jewellery.
8. Please remind your child to pass urine before the operation.

Post-operative Instructions

General

1. After general anaesthesia, your child may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of the child's wound pain. Proper pain relief treatment by injection or oral medication may be prescribed to the child by the doctor.

Wound Care

1. The wound will be covered with a sterile waterproof dressing which must be kept clean and dry.
2. Stitches will be absorbed gradually after operation, removal of stitches is therefore not necessary.
3. Please take a bath or shower as usual and do not use a bubble bath until your child's wound is completely healed.
4. The wearing of loose-fitted clothing is encouraged to avoid irritation of the wound.

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia.
2. Your child is advised to drink more water in conjunction with a fiber-rich diet to avoid constipation.

Activities

1. Light activity can be resumed immediately. Strenuous and athletics activities should be avoided until the wound has completely healed.

Advice on Discharge

1. Please comply with the medication regime for your child as prescribed by your doctor.
2. There may be some bruising in the groin area which will subside after a few days.
3. Immediately bring your child to consult his doctor or return to hospital for medical attention in the event of severe wound pain associated with redness and swelling, secretion of pus, massive bleeding, shivering, high fever over 38°C or 100.4°F or any other unusual symptoms etc.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, your child will gradually recover. We wish your child all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification