



**Royal Berkshire**  
NHS Foundation Trust

A general anaesthetic requires your child to be starved beforehand. On the day of the operation

..... (date) your child should not have anything to eat (including chewing gum), or milk to drink from ..... (time).

They may have only water or weak squash up to ..... (time). If breastfeeding, the last breast feed can be given at ..... (time).

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

# Hernia repair

## Information for parents

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This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

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### What is a hernia?

An inguinal hernia happens at the inguinal canal. This is a narrow passage where, in boys, blood vessels supplying the testicle pass through the abdominal wall. In girls, the connection is between the abdomen and labia. The passage usually closes shortly after your child is born. If it remains open, the contents of the abdomen can push down towards the scrotum or labia.

### Why does my child need their hernia repaired?

A hernia is not dangerous but if it is not treated it is likely to get larger and cause discomfort. There is also a risk that it will get trapped (strangulated). This can cut off the blood supply to the hernia, causing life-threatening conditions such as gangrene and peritonitis. It may also cause a blockage in the bowel, resulting in damage. In most cases, a hernia repair operation is recommended.

### What does surgery involve?

The operation is carried out under general anaesthetic (your child is asleep) and lasts for about an hour. Once your child is asleep, the surgeon will make a small incision (cut) in the hernia, and this will be repaired. The cut will be closed with dissolvable stitches.

### What are the risks?

The commonest complications are bleeding from the site of the operation and infection. Rarely, blood or fluid will build up in the space left by the hernia. This will usually resolve itself but you may need to have further treatment to drain the fluid.

Very rarely, during surgery other tissues in the abdomen are damaged. There's a small chance of continuing pain or numbness in the groin area, caused by the handling of a nerve during surgery, or by the pressure on the nerves by scar tissue that forms during

healing. There is also a chance the hernia may recur.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

### What shall I bring?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

### What happens on admission?

The surgeon will explain the procedure to you in the outpatients department, and again on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic.

If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (EMLA local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

### What happens afterwards?

After your child has had their operation they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given to relieve this if the vomiting persists.

## When can we go home?

When both you and the staff are happy that they have recovered sufficiently. They should be awake and comfortable, and have eaten and drunk a small amount.

## Advice following hernia repair:

### At home

- Your child will need regular Paracetamol (e.g. Calpol) after the operation – please make sure you have some, and follow the instructions on the packaging.
- During the operation a local anaesthetic may be used to numb the area, and this usually lasts for 4-6 hours after the surgery.
- The wound is likely to be swollen and may ooze slightly. This should subside in 2 to 3 days.
- The stitches are dissolvable – and will disappear on their own in about 2 weeks.
- A small dressing will cover the wound. This can be removed after 24 hours.
- It is best to leave the wound uncovered to aid healing. The area will appear bruised for

several days.

- You can give your child a plain bath after 48 hours. Avoid using bubbles and perfumed soaps.
- Loose underwear and trousers should be worn for comfort. If your child is in nappies, frequent changing is needed. Avoid using baby wipes.
- One week off school is usually enough; however, sports should be avoided for 3 weeks for a complete recovery.

## Possible complications

If the wound becomes red, hot or tender please contact your GP in case of infection.

If you have any further questions, contact either:

Pre-op nurse: 0118 322 7518

Kempton DDBU: 0118 322 7512

Paediatric Unit: 0118 322 8075

Paediatric Unit, July 2018

Review due: July 2020