

THE UROLOGY GROUP

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INGUINAL HERNIA

What is an inguinal hernia?

A hernia occurs when a section of intestine protrudes through a weakness in the abdominal muscles. A soft bulge is visible underneath the skin where the hernia has occurred. A hernia that occurs in the groin area is called an inguinal hernia.

What causes an inguinal hernia?

A hernia can develop in the first few months after a baby is born because of a weakness in the abdominal muscles.

As a male fetus grows and matures before birth, the testicles develop in the abdomen and then move down into the scrotum through an area called the inguinal canal. Shortly after the baby is born, the inguinal canal closes, preventing the testicles from moving back into the abdomen. If this area does not close off completely, a loop of intestine can move into the inguinal canal through the weakened area of the lower abdominal wall and cause a hernia.

Although girls do not have testicles, they do have an inguinal canal, so they can develop hernias in this area as well.

Who is at risk for developing a hernia?

Hernias occur more often in children who have one or more of the following risk factors:

- a parent or sibling who had a hernia as an infant
- cystic fibrosis
- developmental dysplasia (abnormal growth) of the hip
- undescended testes
- urethral abnormalities

Who is affected by inguinal hernias?

Inguinal hernias occur:

- in about 1 to 3 percent of all children.
- more often in premature infants.
- in boys much more frequently than in girls.
- more often in the right groin area than the left, but can occur on both sides.

Why is an inguinal hernia a concern?

Occasionally, the loop of intestine that protrudes through a hernia may become stuck, and is no longer reducible, which means the intestinal loop cannot be gently pushed back into the abdominal cavity. When this happens, that section of intestine may lose the blood supply it needs to be healthy and function properly.

What are the symptoms of an inguinal hernia?

Hernias usually occur in newborns, but may not be noticeable for several weeks or months after birth. Straining and crying do not cause hernias, but can cause increased pressure in the abdomen that makes a hernia more noticeable.

Inguinal hernias appear as a bulge or swelling in the groin or scrotum. The swelling may be more noticeable when the baby cries, and may get smaller or go away when he relaxes. If your physician pushes gently on this bulge when the child is calm and lying down, it will usually get smaller or go back into the abdomen.

If the hernia is not reducible, then the loop of intestine may be caught in the weakened area of abdominal muscle. While each child may experience symptoms differently, the most common symptoms that indicate this has occurred may include:

- a full, round abdomen
- vomiting
- pain or fussiness
- redness or discoloration fever

The symptoms of an inguinal hernia may resemble other conditions or medical problems. Always consult your child's physician for a diagnosis.

How is an inguinal hernia diagnosed?

Your child's physician can diagnose hernias with a physical examination. He or she will examine your child to determine if the hernia is reducible (can be pushed back into the abdominal cavity).

Treatment for inguinal hernias:

Your child's physician will determine specific treatment based on:

- your child's age, overall health and medical history
- the type of hernia
- whether the hernia is reducible (can be pushed back into the abdominal cavity)
- your child's tolerance for specific medications, procedures or therapies
- your opinion or preference

If your child has an inguinal hernia, he will need an operation to repair it fairly soon after it is discovered, since the intestine can become stuck in the inguinal canal. When this happens, the blood supply to the intestine can be cut off, and the intestine can become damaged. Inguinal hernia surgery is usually performed before this damage can occur.

During a hernia operation, your child will be placed under anesthesia. The surgeon will make a small incision in the area of the hernia, place the loop of intestine back into the abdominal cavity, and then stitch the muscles together. Sometimes, the physician may use a piece of meshed material to help strengthen the area where the muscles have been repaired.