

Pediatric Hernia Repair - A Parent's Guide by Dr Colin Knight MD FACS FAAP

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A Parent's Guide

By Colin G. Knight, MD, FACS, FAAP Pediatric Surgeon, HCA Florida Lawnwood Hospital

A Note From Dr. Knight

If your child has been diagnosed with a hernia, you probably have a lot of questions. This guide is meant to walk you through what a hernia is, why some hernias need to be fixed, and what to expect before, during, and after surgery. I have cared for many children with hernias over the years, and the vast majority do extremely well. My goal in writing this is to replace worry with information.

This guide describes general principles. Surgical decisions are individualized based on each child's specific circumstances. Please contact my office for guidance specific to your child.

What Is a Hernia?

A hernia is a weak spot or opening in the muscle layer of the abdominal wall. When this happens, tissue from inside the abdomen, such as fat or a loop of intestine, can push through the opening and create a bulge that you can see or feel under the skin.

In children, hernias are almost always present from birth, even if you do not notice them until later. They are not caused by anything you did or did not do, and they are not caused by a child being too active.

Types of Hernias in Children

Inguinal hernia This is the most common type I treat. It appears as a bulge in the groin, the scrotum in boys, or the labia in girls. Inguinal hernias happen because a small channel that normally closes before birth stays open. They do not heal on their own, and they always need surgery.

Umbilical hernia This is a bulge at the belly button. It is very common in infants and toddlers, especially in babies born prematurely. Most umbilical hernias close on their own by age 4 or 5. I usually recommend surgery only if the hernia is still present after that age, is unusually large, or causes symptoms.

Epigastric hernia This is a small bulge in the midline of the abdomen between the belly button and the breastbone. They are usually small and do not close on their own. Whether to repair an epigastric hernia is a decision I leave to the family. These hernias rarely cause symptoms or complications, so repair is optional. When parents decide they want it repaired, the operation is a simple outpatient procedure.

Signs to Watch For

Most pediatric hernias show up as a soft bulge that gets bigger when the child cries, strains, coughs, or stands up, and goes away or shrinks when the child is relaxed or lying down. The bulge is usually not painful.

Call my office right away if you notice any of the following:

- A bulge that becomes firm and will not go back in
- Redness or discoloration over the bulge
- Severe pain, persistent crying, or fussiness in an infant
- Vomiting, especially green or yellow vomit
- A swollen, tender area that the child does not want you to touch
- Refusal to eat combined with a visible bulge

These can be signs that the hernia is incarcerated or strangulated, which means tissue is trapped. This is uncommon, but it is a surgical emergency. Go to the nearest emergency room and have them contact me.

When Surgery Is Needed

For inguinal hernias, I recommend surgical repair once the diagnosis is made. I do not wait for these to close on their own because they will not, and the longer we wait, the higher the chance of incarceration.

For umbilical hernias, I usually watch and wait. Most close on their own. I typically plan repair if the hernia is still present around age 4 to 5, or sooner if it is causing problems.

For epigastric hernias, the timing and necessity of repair are decisions I make together with the family.

The timing of surgery depends on your child's age, overall health, and the type of hernia. We will discuss the specific plan at your consultation.

What to Expect on the Day of Surgery

Pediatric hernia repair is almost always done as outpatient surgery, which means your child goes home the same day.

Before surgery: You will receive instructions about when your child should stop eating and drinking. These are important for safe anesthesia. In general, no solid food for 8 hours before surgery, but clear liquids are usually allowed until 2 hours before. You will receive the exact times.

At the hospital: An anesthesiologist will meet with you. Your child will receive general anesthesia, which means they will be completely asleep and feel nothing during the procedure.

The operation: Most hernias are repaired through a small incision. The repair itself usually takes 30 to 60 minutes.

Recovery room: After surgery, your child wakes up in the recovery area. Once they are alert, drinking, and comfortable, they go home with you.

Post-Operative Care at Home

Pain control: As part of the operation, I administer long-acting local anesthesia directly at the incision site. For infants, the anesthesiologist may instead give a caudal block, which is a single injection of local anesthetic near the base of the spine that numbs the surgical area for several hours. This pre-emptive numbing means your child wakes up comfortable and stays comfortable through the early hours when pain would otherwise be at its peak. Once the local anesthesia wears off, most children do very well with over-the-counter acetaminophen and ibuprofen alternated as needed for the first day or two. I do not prescribe stronger pain medications for hernia repair.

Wound care: I close the incision with dissolving sutures under the skin and cover it with a waterproof dressing. You do not need to do anything special with the wound. Your child can shower right away.

Activity: I do not restrict activity after a hernia repair. Your child can return to normal play, sports, and rough play as soon as they feel ready. The only restriction is that children should stay home from school while they still need pain medication. A child in pain is not at their best for school, and a child still taking medication is not ready to be there.

Diet: Regular diet as tolerated. Some children have a smaller appetite the first day. That is normal.

Recovery Timeline

- **Day of surgery:** Mostly sleeping, light eating and drinking.
 - **Days 1 to 3:** Some soreness at the incision. Mild swelling and bruising is normal. Tylenol and ibuprofen as scheduled. Stay home from school while pain medication is still needed.
 - **Days 4 to 7:** Most children are off pain medication and back to school and normal activity. No restrictions on sports, play, or showering.
 - **Follow-up visit:** I usually see your child in the office 2 to 4 weeks after surgery.
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When to Call the Surgeon

Call my office at (772) 462-3939 if you notice any of the following after surgery:

- Fever over 101 degrees Fahrenheit
- Increasing redness, warmth, or drainage at the incision
- Pain that is getting worse instead of better

- Persistent vomiting
- A new bulge in the same area
- Any concern that is not answered in this guide

For anything that feels like an emergency, do not wait. Go to the nearest emergency department and have them contact me.

Final Thoughts

Pediatric hernia repair is one of the most common operations I perform, and the results are excellent. Children bounce back quickly. I am available to answer your questions anytime.

This educational resource is provided for general information and does not replace individual medical advice. Please contact my office for guidance specific to your child.