

## Meet Our Surgical Team



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A Mary Bridge surgeon is available for consults 24 hours a day. Please contact our Surgery Clinic at 253.403.4613 or 800.552.1419 ext. 4613.

### Mary Bridge Children's Hospital & Health Center

#### HOSPITAL

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#### Olympia

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1803 South Meridian, Suite B  
Puyallup, WA 98371

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1780 NW Myhre Road, Suite G220  
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Allenmore Hospital  
Good Samaritan Hospital  
Mary Bridge Children's Hospital & Health Center  
Tacoma General Hospital  
MultiCare Clinics

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# Pediatric Surgery: Inguinal Hernia and Hydrocele



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## The Pediatric Difference

At Mary Bridge Children's Hospital, we know that parents of children needing surgical care are often anxious and have many questions. Our experienced team of pediatric surgeons and experts are focused on helping you and your child feel comfortable through this experience. Please review the following information about your child's condition and treatment and ask questions at any time.

### PEDIATRIC INGUINAL HERNIA AND HYDROCELE

Inguinal hernias and hydroceles are common surgical problems in children. They are more common in boys and premature babies, although they girls may get them as well. Hernias are usually found on the right side, but they may occur on the left or be bilateral – on both sides.

Just before birth the testicle moves from the abdomen to the scrotum through an opening, called the inguinal ring. If this opening does not close a sac may form. An inguinal hernia occurs when intestine protrudes from the abdomen to the sac. If fluid moves through this opening a hydrocele forms. In infant girls it is also possible for the ovary to move into the sac, as well as the intestine.

#### Signs and Symptoms

- A bulge in the groin seen when an infant cries or passes a bowel movement, or, in an older child, seen at bath time, after exercise or when coughing
- The bulge may disappear after a child relaxes

A hernia is usually not painful, but is sometimes “squishy” and may pop into the abdomen. If the area around the bulge is painful or red, possibly with fussiness or vomiting, the intestine, testicle or ovary

may be trapped. The medical term for this problem is “incarceration.” Incarceration happens more frequently in infants. If these signs appear, the child should be seen by a doctor right away to prevent damage to the testicle, ovary or intestine.

#### DIAGNOSIS

A hernia or hydrocele is usually diagnosed by medical history and physical examination. Occasionally an ultrasound may be requested. An older child may be asked to stand up to help the hernia or hydrocele be seen.

Because a hernia or hydrocele is not always visible during the doctor's visit, repair may be recommended by your surgeon based on your primary care doctor's examination or history.

Evaluation of the opposite side with a second incision or laparoscope may be recommended.

#### TREATMENT

All inguinal hernias must be fixed with surgery. The small infant is typically scheduled on a more urgent basis than older children.

Hydroceles may sometimes go away on their own and observation is usually recommended. If the hydrocele is gradually getting smaller, a longer period of observation may be recommended. In infants, unless a hydrocele is extremely large or grows rapidly, surgery is not usually recommended until the infant is a minimum of 6 to 12 months old.

Surgery to fix a hernia or hydrocele, if needed, is performed as an outpatient under general anesthesia. The operation usually takes under an hour, with total

time spent at the hospital usually about six hours, depending on the age of the child. Full-term younger than 1 to 2 months, or premature infants up to 6 months old may have to stay in the hospital overnight to follow the infant's breathing.

If necessary, the child will be given sedation before going to the operating room. After he or she is asleep, an IV or intravenous will be started. A small incision is made in the child's groin and then the sac of the hernia is closed with a stitch or suture. The skin is closed with stitches under the skin. The dressing may be with tapes and or plastic over the incision.

At the time of the operation local medication may be injected at the incision. A local medication given in the lower part of the back, called a caudal, may be recommended.

#### RECOVERY

At discharge your surgeon will give instructions regarding bathing, activity and pain management.

A return visit is usually scheduled in one to two weeks or a phone follow-up may be planned.

If redness, yellow or clear drainage, or a temperature of 101.5 or greater that is not relieved by acetaminophen or ibuprofen (used in children older than six months) occurs, please call our office.



Families can call **Child Life Services** at **253.403.5315** to schedule a pre-surgery tour.

*Visit our surgical services section of the Mary Bridge website for more helpful information.*