CLINICAL PRACTICE GUIDELINE
Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Inguinal Hernia: Non-Strangulated and Strangulated

This document should be read in conjunction with the Disclaimer

Non-Strangulated (Non-Obstructed) Inguinal Hernia

Inguinal hernia repair is the most common operation performed on premature infants. If it is easily reducible and causing no other problems, it is recommended that it is operated on shortly before the infant's discharge home.

Presentation

- Painless swelling in the inguinal region (can extend to scrotum in males, or to labia in females) secondary to persistence of a wide processus vaginalis, with herniation of bowel (or, in females, the ovary).
- More common in males (only 12% of cases are in females). In boys 60% are on the right, 25% on the left and 15% of cases are bilateral. The swelling is reducible.
- More common in premature infants and in infants with raised intra-abdominal pressure.
- May feel an impulse on crying straining or coughing. It is often difficult to define the upper margin of the swelling. The lump may transilluminate.

Differential Diagnosis: Hydrocoele

Management

- For the asymptomatic infant with a reducible hernia, complete the non-obstructed inguinal hernia referral form and fax to the department of surgery. Referral is to be confirmed with Senior Registrar / Consultant prior to sending.
- This form should be sent when the diagnosis of inguinal hernia is made.
- The timing of surgery should be arranged when almost ready for discharge.
- Document date of surgery when known.
- Confirmation of hernia is to be confirmed by Senior Registrar /Consultant **prior** to transfer to PMH for surgery.
- Inguinal hernia repair is necessary because of the danger of strangulation. Strangulated inguinal hernias occur most commonly in the first 6 months of life.
- On Weekly physical assessment checks the presence or absence of the inguinal hernia should be documented.
- If hernia is not detected again, on discharge parents must receive education and an information sheet regarding actions required if re-herniation occurs.

- Outpatient appointment is to be made for 2 weeks post discharge. Country patients should see the Surgeon prior to discharge.
- If hernia is present, infants can only be discharged with approval from Surgical Consultant.

Strangulated (Obstructed) Inguinal Hernia

A loop of small bowel becomes trapped in the hernial sac. Early reduction is important to save the trapped bowel and also the testis on the same side. The testicular vessels can be severely comprised by a tense hernia in infants.

Clinical Presentation and Examination Findings

- Inconsolable crying and a lump in the inguinal region.
- The lump is often tense, tender and not reducible.
- There may be vomiting and abdominal distension.
- The infant may deteriorate so careful monitoring and prompt intervention is necessary.

Management

- Notify senior medical staff and parents.
- Consult the on call Surgical team urgently.
- Stop feeds, Insert IV, take FBC, CRP, blood culture, blood gas, blood group and hold.
- Start IV fluids (may need fluid boluses).
- Pain assessment.
- Start IV antibiotics (Vancomycin/Gentamicin in general).
- Insert NGT onto straight drainage.
- Pain assessment.
- Consider abdominal x-rays.
- Liaise with 6B regarding transport and parent accommodation (if necessary).

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