

# Rocky Mountain Pediatric Urology

## Dr. Furness

### **Hernia and Hydrocele**

In normal testicular development the testicle, in the last few months of pregnancy, descends and travels through the abdomen into the scrotum. Typically the tunnel from the abdomen to the scrotum (the processus vaginalis) closes at birth or during the first year of life. However, it is not uncommon for the tunnel to remain open allowing fluid or bowel to enter. When this happens it is called a hydrocele or hernia. Inguinal hernias occur in up to 4% of children and 30% of premature infants. Hernias are nine times more common in boys and are most commonly (60%) found on the right side.

When there is only fluid in the scrotum it is called a hydrocele. This should resolve within one year. If a hydrocele gets larger (instead of smaller), causes pain or discomfort and persists beyond the first year of life, surgical intervention is necessary. When bowel gets down into the inguinal canal or scrotum it is called a hernia. If this causes discomfort, becomes red and hard, or makes the child ill (vomiting, nausea, fevers), surgical intervention may be necessary.

### **Surgical repair**

Parents naturally are concerned about surgery and have many questions. Parents should be reassured to know that a hernia/hydrocele repair is one of the most common surgical procedures performed. The procedure is performed in Day Surgery, which means that your child should be able to go home after surgery once he is stable.

The surgery itself involves very small incisions in the inguinal canal and the scrotum. Sometimes it is necessary to do this on both sides of the scrotum if there is a concern that an opening exists on the other side as well. It is not uncommon for the surgeon to make a small incision in the belly-button (umbilicus) in order to use a scope to look at the hernia/s.

### **Post-operative care**

#### **Activity**

Your child needs to be kept quiet and under supervision for 24 hours after surgery. Avoid straddle toys (tricycles, rocking horse, trampoline, etc.) for one week after surgery. Your child may return to school/daycare in 2-3 days if adequate supervision is available. It is important to avoid any injuries to the area. When lifting your child, support his buttocks to prevent strain at the surgery site.

#### **Surgical Site**

There is no special care for the incision. There may be a small incision made in the belly button. This will be covered with Steri-Strips (which hold the skin together like a stitch), a cotton roll, and a clear plastic dressing. Leave the surgical tape or dressing alone until it comes off by itself. If it is still on 2 weeks after surgery, you may remove it yourself.

<b>Bathing</b>	It is okay to bathe your child the day after surgery. A warm bath without soap will help reduce swelling and discomfort. Change diapers frequently to keep the incision site clean.
<b>Bruising/swelling</b>	You can expect bruising or swelling of the scrotum. This should resolve over the next few weeks.
<b>Diet</b>	Start with clear liquids. When clears are tolerated without vomiting, you may advance to regular foods.
<b>Pain Relief</b>	We recommend alternating Tylenol and Motrin every 4 hours for the first few days after surgery. Follow directions given by the nurse in the discharge area the day of surgery.

### **Follow-up Appointment**

Post-operative follow-up will be a clinic appointment in 4-6 weeks. You may call the main office number at 303-839-7200 to schedule an appointment. Post-operative appointments may be made at any of the clinic locations. Dr. Furness sees patients at Lafayette, Centennial, and the main downtown location.