



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Inguinal Hernia: Pre and Post-Operative Care

This document should be read in conjunction with the [Disclaimer](#)

During fetal life the testes develop in the abdomen. The testes gradually descend through the “inguinal canal” into the scrotum, taking with them a pouch of peritoneum. If this pouch persists the intestine can descend into the canal or scrotum creating an inguinal hernia. If fluid only passes through the canal a hydrocele develops. Hernia’s can be transient therefore clear documentation at time of examination is required to assist with Surgical review. Ultrasound examination may be helpful with diagnosis. The hernias require repair as they can become trapped in the inguinal canal, incarceration can result in loss of blood supply to the intestines, testicles or ovary. An Incarcerated Hernia is a surgical emergency. Surgical repair is via a small incision over the inguinal area the sac is located and tied off.

Pre-Operative Care

- Routine pre-operative care.
- Insert peripheral IV to assist with pre anaesthetic care.
- Fast 4 hour from formula and 3 hours EBM.

Post-Operative Care

Routine post-operative observations on return from theatre, include:

- Full cardiac and oxygen saturation monitoring for 24 hours.
- Hourly temperature for 4 hours or until stable, then 4 hourly.
- Hourly blood pressure for 4 hours or until stable, then 4 hourly.
- Blood gas on return from theatre, thereafter as per medical orders.
- After 24 hours observation should be according to the infant’s general condition.

Wound Care

- Observation of wound site for bleeding, swelling and redness for 4 hours or until stable, then 4 hourly.
- The wound site will usually be covered with steri-strips. These should be kept dry for 3 to 5 days.
- If it becomes soiled within the first 5 days the area should be gently cleaned with soap and water and dried.
- The infant can have a bath after 5 days.
- The steri-strips will curl up and fall off. Do not pull them off.

Pain Relief

- Monitor pain scores.
- Administer pain relief if indicated (generally Paracetamol as ordered). Consider feeding.

Feeding

- As per general post-operative guidelines. Infants can take oral feeds when awake post anaesthetic if respiratory status is stable.
- Maintain an accurate record of input and output.

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