# INGUINAL HERNIA VS. HYDROCELE REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SURGERY • 887 CONGRESS ST, SUITE 300, PORTLAND, ME • (207) 662-5555

## **HIGH RISK**

SUGGESTED EMERGENT CONSULTATION

## SYMPTOMS AND LABS

Signs of incarceration and/or strangulation – Vomiting, pain at groin with firm, irreducible bulge

**EXAM/Symptoms**: +/- Distended belly, abdominal pain, tympanic; firm bulge irreducible, +/- skin redness

## **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### **SYMPTOMS AND LABS**

**Asymptomatic**: parents report waxing and waning groin or scrotal swelling (i.e. suspicious for hernia or communicating hydrocele)

Reducible inguinal hernia, nontender

# **LOW RISK**

SUGGESTED ROUTINE CARE

#### **SYMPTOMS AND LABS**

Child is asymptomatic; parents report bulge in scrotum only without change (i.e. noncommunicating hydrocele)

**EXAM**: Persistent scrotal bulge, nontender, may or may not transilluminate

# SUGGESTED PREVISIT WORKUP

No labs or imaging recommended

RECOMMEND: brief attempt (3-5 mins) at reduction with slow constant pressure\*

And

Call our office number (207) 662-5555, 24hrs/day, 7 days/week

# SUGGESTED WORKUP

No labs or imaging recommended

Call our office or fax for surgical referral, Phone: (207) 662-5555 Fax: (207) 662-5526

Typically will schedule within 2 weeks

# SUGGESTED MANAGEMENT

No labs or imaging recommended

If < 1yo - Continue watchful waiting with rechecks at well-child visits

If > 1yo - Consider surgical referral; some parents may prefer to continue observation until 2yo

## CLINICAL PEARLS

- Imaging (U/S, CT, etc) generally not helpful because they're usually only diagnostic if there is something herniated, in which case physical exam is just as accurate. Exception is testicular torsion, and U/S in ER is indicated.
- Both inguinal hernias and communicating hydroceles are openings to the inguinal canal/scrotum from the abdominal cavity that never closed during development. A hernia has an opening big enough to allow mobile structures like bowel or ovaries through, and produce a bulge that starts in the groin and can extend down into the scrotum; communicating hydroceles have a small opening that only allows fluid through, and the bulge is generally just in the scrotum.
- Asymptomatic noncommunicating hydroceles can be observed (90% resolution by 1yo)
- \*Attempts at hernia reduction involve gentle traction on the testicle, which straightens out the cord structures and opens up the internal ring, and slow compression of the bulge up towards the internal ring.
- Other causes for acute scrotum pain Testicular torsion, torsion of appendix testis, epididymitis



Normal



Noncommunicating Hydrocele



Communicating Hydrocele



Inguinal Hernia

Source: Ashcraft's Pediatric Surgery, 6th Edition, 2014

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.