

Best practices ID'd for management of pediatric inguinal hernias

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Issues related to the assessment and management of inguinal hernias in



children are discussed in a clinical report published online June 26 in *Pediatrics*.

Faraz A. Khan, M.D., from Loma Linda University Children's Hospital in California, and colleagues reviewed the available data and identified <u>best practices</u> in management of inguinal hernias in children.

The authors note that inguinal hernias are a common pediatric surgical condition; the preference for and timing of surgical repair is driven by the risk of inguinal hernia incarceration. Repair can be safely considered after discharge from the <u>neonatal intensive care unit</u> for preterm infants. To achieve optimal outcomes, pediatric surgical specialists, pediatric urologists, or general surgeons with a significant yearly case volume should repair pediatric inguinal hernias. The <u>laparoscopic approach</u> is gaining popularity and is as, if not more, effective than traditional open high ligation. Family values relating to the risks and benefits of each approach should be considered in the absence of strong data for or against repair of incidentally discovered patent processus vaginalis. For managing recurrent hernias, laparoscopy seems to be feasible.

No conclusive evidence is available to suggest that exposure to a single relatively short duration of anesthetic has adverse effects on neurodevelopmental outcomes in otherwise healthy children.

More information: Faraz A. Khan et al, Assessment and Management of Inguinal Hernias in Children, *Pediatrics* (2023). <u>DOI:</u> <u>10.1542/peds.2023-062510</u>

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