Children’s Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Congenital Hernias

Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Surgery Clinic:	What can referring provider send to Surgery Clinic?	Specialist’s workup will likely include:
<u>**Signs and symptoms**</u> • **Inguinal Hernias no hydrocele** – swelling of the scrotum or groin • **Inguinal Hernia with hydrocele** – swelling of the scrotum or groin with accumulation of fluid around the testicle • **Umbilical Hernias** – a sac protruding through the umbilicus • **Epigastric Hernia** – an opening in the muscle layer that allows contents of the abdomen to protrude (omentum, intestine, fat)	<u>**Diagnosis and Treatment**</u> • Clinical examination ○ Palpation of the inguinal canal +/- defect; fascial defect noted with or without abdominal contents noted ○ Testes descended ○ Fluid around the testicle +/- light trans-illumination • Ultrasound +/- incarceration or concern about testicle • Treatment – refer for surgical consideration if	**Inguinal Hernias** – ○ If >36 weeks gestational age refer promptly for appointment within two weeks. **Call to clinic appreciated.** ○ **Term infant** –refer when initial diagnosis is made for first available appointment **Umbilical Hernias** – Refer after age 3 years if still present or if clinically at risk for incarceration (unable to reduce) **Epigastric Hernia** – refer when first diagnosed for first available appointment	**1. Using Epic** • Please complete the external referral order **In order to help triage our patients and maximize the visit, the following information would be helpful to include with your referral order:** • Urgency of the referral • What is the key question you would like answered? Note: Our office will call to schedule the appointment with the patient. **2. Not using Epic external referral order:** • In order to help triage our patients and maximize the visit time, please **fax** the above information to **(414-607-5288)** • It would also be helpful to	**After referral to General Surgery Pediatric Surgery Clinic:** **Inguinal hernias with or without a hydrocele:** • Consultation completed • Surgery recommended • Surgical repair by a small incision in the groin, the connection between the scrotum and the abdomen is located and tied off. If there is a hernia, the intestine is returned to the abdomen. If a hydrocele is present it is drained. • After surgery unless there is a risk of apnea or bradycardia, the patient will be discharged home. If there is apnea or

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	inguinal or epigastric hernia • If Umbilical hernia monitor for closure; if no resolution by age 3 years refer for surgical consideration		include: • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems.	bradycardia history secondary to prematurity/clinical disease the patient will be admitted for observation with planned discharge after 12 hours of no apnea or bradycardia documentation. **Umbilical and epigastric hernias:** • Consultation completed • Surgery recommended • Surgical repair by a small incision around the umbilicus or near the hernia, the sac is removed, and the abdomen is closed. • After surgery unless there is a risk of apnea or bradycardia, the patient will be discharged home. If there is apnea or bradycardia history secondary to prematurity/clinical disease the patient will be admitted for observation with planned discharge after 12 hours of no apnea or bradycardia documentation. **Note: FDA approves label changes for use of general anesthetic and sedation in young children: https://www.fda.gov/downloads/Drugs/DrugSafety/UCM554644.pdf**

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				Based on AAP guidelines for Anesthesia surgery may be deferred until after age 3 years.
<u>Causes</u> • **Inguinal hernias no hydrocele –** a large opening in the wall of the abdomen in which the intestines pass through • **Inguinal hernia with hydrocele -** a large opening in the wall of the abdomen in which the intestines pass through with fluid accumulation around the testicles ○ **Communicating hydrocele** a connection between the scrotum and the abdomen which has not closed. Fluid accumulates around the testicle. Most often will require surgical repair. ○ **Non-communicating hydrocele** a connection between the scrotum and abdomen that has closed before birth but fluid is still around the testicle. May resolve with no intervention. • **Umbilical Hernias** – present at birth secondary to muscles or the fibrous tissue around the umbilicus not closing. Typically will close between 2-3 years of life when the patient begins to crawl and walk. The peritoneal sac pushes through an opening under the skin at the umbilicus. The sac may or may not contain fluid. Occasionally the sac may have intestines. The umbilical hernia may get smaller or larger depending on patient activity. The umbilical hernia does not routinely cause pain.				

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• **Epigastric Hernias** – present at birth secondary to the muscles or fibrous tissue of the abdomen not closing during development.				

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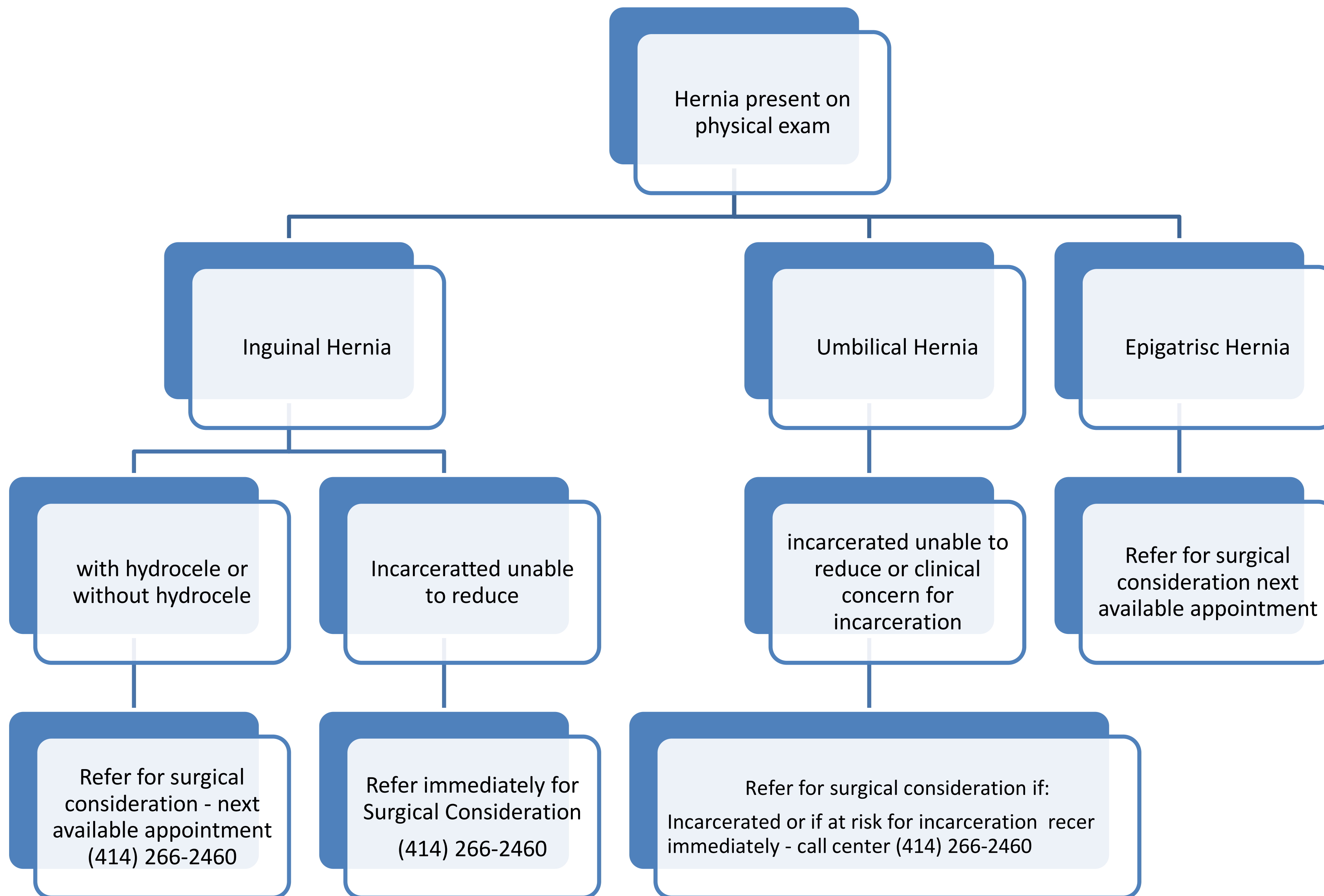

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