



A child in hospital. Patients with hernia are usually discharged the same day after surgery

By Fred Mubanda

Little Catherine Megan was born with a hernia. Her mother, Alexandra Nasuuna, a resident of Kawempe in Kampala, says the seven-year-old developed signs such as a visible lump under the skin in the groin area and pain whenever she attempted to bend.

Like many parents, Nasuuna worried about her daughter's condition. Relief finally came when Megan was enrolled for surgery at the Mulago Hospital paediatric surgical camp for school-going children, held from January 19 to 24.

Megan is among the children who recently underwent successful hernia surgery at the camp. According to her mother, the results were almost immediate.

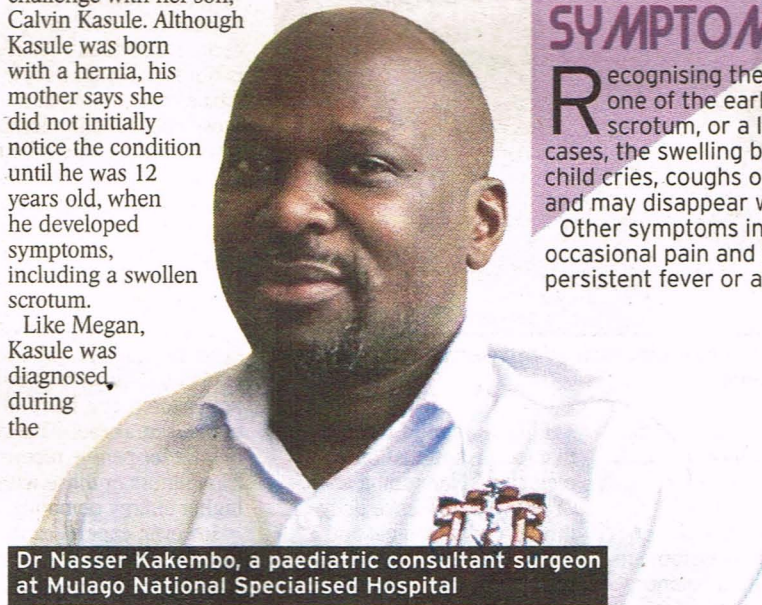
"After the surgery, the lump disappeared and the pain vanished," Nasuuna says.

Within just a few days, Megan was back to playing like any other child her age.

Megan's story is not unique. In Nabweru-Katooke, Wakiso district, Mercy Namukose faced a similar

challenge with her son, Calvin Kasule. Although Kasule was born with a hernia, his mother says she did not initially notice the condition until he was 12 years old, when he developed symptoms, including a swollen scrotum.

Like Megan, Kasule was diagnosed during the



Dr Nasser Kakembo, a paediatric consultant surgeon at Mulago National Specialised Hospital

TREATING HERNIA IN CHILDREN

SYMPTOMS

Recognising the signs early is critical. Kakembo says one of the earliest signs is swelling in the groin or scrotum, or a lump around the belly button. In many cases, the swelling becomes more noticeable when the child cries, coughs or strains during a bowel movement, and may disappear when the child lies down or relaxes.

Other symptoms include nausea and vomiting, occasional pain and soreness around the testicles, persistent fever or a bulge that turns red, purple or dark.

health camp and underwent hernia repair surgery. After the procedure, the swelling disappeared, giving the family much-needed relief.

To better understand the condition affecting these children, Dr Nasser Kakembo, a paediatric consultant surgeon at Mulago National Specialised Hospital, explains that a hernia is the protrusion of an internal

organ that moves out of its normal place of confinement into an area where it does not belong.

"Hernias in babies and children are typically congenital, caused by weak abdominal walls or tissue pushing through openings," he says.

Kakembo notes that there are two common types of hernias in children — inguinal and umbilical hernias.

"Inguinal hernia is the most common type, occurring in the groin or scrotum, whereby the intestines slip into the groin area due to an opening that did not close properly after birth. These require surgery and often affect boys. Umbilical hernia occurs near the belly button and is more common in babies. These usually do not require surgery and often disappear on their own," he explains.

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UNCLOSED ABDOMINAL MUSCLES CAUSE HERNIA PATHWAYS

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CAUSES

Unlike adult hernias, which are often caused by wear and tear, hernias in children result from anatomical developmental issues during growth.

Kakembo explains that during fetal development, a passage forms in the abdominal wall to allow the testicles to move into the scrotum in boys, or to accommodate the round ligament in girls. If the abdominal muscles do not close completely before birth, a hernia pathway is left behind.

Premature babies are particularly at risk because the sac is more likely to fail to close properly.

On whether hernias are genetic, Kakembo clarifies: "Hernia is not directly inherited like a genetic disease. It happens on a case-by-case basis. However, a small percentage of families with genetic problems may experience hernias."

PREVENTION AND RECURRENCE

According to Dr Anne Shikanda Wesonga of Mulago Hospital, hernias in babies and children generally cannot be prevented because they are caused by congenital structural defects — particularly the failure of an opening in the abdominal wall to close before

TREATMENT

Because of these risks, doctors emphasise that surgery is the only permanent solution.

"Hernia is not treated with herbal medicine, oral medicine or injections. Whenever a hernia shows up, surgery is the standard and only permanent treatment to repair the abdominal wall defect," Dr Nasser Kakembo, a paediatric consultant surgeon at Mulago National Specialised Hospital, says.

At Mulago Hospital, hernia cases in babies and children account for nearly 15% of outpatient consultations.

While treatment at Mulago is free of charge, surgery in private health facilities costs between sh2.5m and sh4m — an amount many families cannot afford.

COMPLICATIONS

If left untreated, hernias can become life-threatening.

"The hernia can become stuck in the abdominal wall and cannot be pushed back in," Kakembo explains. "The blood supply to the trapped tissue is cut off, causing the intestine to die. This leads to abdominal swelling, vomiting, fever and severe pain. In such cases, immediate emergency surgery is required."

birth.

She adds that although hernias can recur after repair later in life, recurrence rates are very low, at about 1%.

After surgery, patients are usually discharged the same day. A follow-up appointment is scheduled a week later to assess wound healing. Painkillers and antibiotics are prescribed to support recovery.

THE FUTURE OF THE SURGICAL CAMP

The paediatric surgical camp was organised and funded by Mulago Hospital in partnership with Medical Aid for East Africa. Families had booked and registered their children



One of the children being examined for hernia at the surgical camp at Mulago hospital in Kampala

up to three years in advance. The children treated were aged between five and 16.

Kakembo says the goal is to hold the surgical camp every school holiday, ideally three times a year.

"We would have loved to take the surgical camps to regional hospitals,

but the facilities and resources are limited," he says.

In the meantime, he advises parents to seek medical attention early and book surgeries in time — a step that could mean the difference between prolonged suffering and a healthy childhood.