

Identifying Hernias

By Amy Bentley



Dr. Troy M. Reyna
CHOC Pediatric Surgeon

Dr. Reyna is a graduate of the United States Military Academy at West Point in New York. He completed his surgical internship at Walter Reed Army Medical Center in Washington, D.C. and his surgical residency at Tripler Army Medical Center in Honolulu. Dr. Reyna served his Pediatric Surgery fellowship at Columbus Children's Hospital in Columbus, Ohio. He retired from the U.S. Army as a colonel after serving as an officer for 21 years, including during Operation Desert Storm. Dr. Reyna is a faculty member and instructor of Advanced Trauma Life Support with the American College of Surgeons.

Dr. Reyna's philosophy of care: "Every child deserves to have a happy and healthy childhood and grow up accordingly."

EDUCATION:

Georgetown University School of Medicine, Washington D.C.

BOARD CERTIFICATIONS:

General Surgery
Pediatric Surgery

WHAT IS A HERNIA?

"Parents will typically notice a bulge in the groin or abdominal wall, where there shouldn't be one," says CHOC pediatric surgeon Dr. Reyna. This may be a hernia, and if so, it's caused by tissue that is protruding through a hole in the musculature. The areas around the groin and belly button are the two most common regions for hernias in babies and young children. "They should be evaluated promptly by a specialist," Dr. Reyna says.



2-3% of full-term infants

WILL DEVELOP AN INGUINAL HERNIA



UMBILICAL HERNIAS

Umbilical hernias are what we call "outies," Dr. Reyna says. This is a bulge in the belly button and it may not be seen until the baby's umbilical cord falls off. Umbilical hernias are among the more common hernias in babies and are often present at birth, says Dr. Reyna. They typically aren't painful or dangerous, but on occasion they might cause pain. "About 75-80 percent of umbilical hernias will close on their own by age two without treatment as the baby grows and develops anti-gravity muscles. If it's still there when the baby is two, then you can see about getting it fixed," Dr. Reyna says.

DIAGNOSING HERNIAS

"The best way to diagnose a hernia is by sight," says Dr. Reyna. "Some of these hernias can come and go and may not be noticeable all the time. The nice thing nowadays is that with cellphone cameras, parents are starting to take pictures of these bulges and are documenting them. This can help a doctor to see one when it might not be present at another time." He advises parents who notice a bulge or think their child may have a hernia to seek a medical evaluation.



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Learn more at choc.org/emergency



About 5 million

NUMBER OF AMERICANS WITH HERNIAS



About 300-500

NUMBER OF HERNIA SURGERIES PER YEAR PERFORMED AT CHOC, ON BOYS AND GIRLS

