



# Central California Pediatrics

JUNE 2019

Specialty information for physicians who treat children and expectant mothers.



## Pediatric Hernias: What to Look for and When to Refer

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Abdominal wall hernias are one of the most common conditions seen by pediatric surgeons. While conversations around the optimal timing for repair are ever evolving, here are our recommendations on best timing and techniques.

The umbilical hernia is the classic hernia among babies. The trio of vessels that traverse the umbilical ring regress after birth, leaving a small empty space between the peritoneum and skin. The most impressive hernias often look like either a hot air balloon (as the ring is already closing despite stretched skin) or an incomplete ring. Amazingly, both of these will steadily close in almost all cases by age 2 or 3. At Valley Children's, we support having a conversation with families about pros and cons of surgery after age 3.

The second common group of hernias occurs between the sternum and the umbilicus. These epigastric hernias are small, generally painless lumps best seen when standing. They are a kind of congenital hernia as there is a hole in the connective tissue between the right and left rectus. As such, they never go away. However, the only material that can pass through (due to size) is some preperitoneal fat. Thus they are quite safe. While some athletic preteens and teens may experience a pinching pain during sports, we explain to families that surgical removal leaves a scar the same size; therefore, surgery is best reserved for the older patient who either has discomfort during sports or observes increasing size.

Inguinal hernias can be tricky. First, if there is ever a question of hernia and testicle position, these are appropriate for early referral. These can be challenging because strategy and timing really is difficult. Although hernia presence, especially in a large hernia, will usually trump testicle timing, it is impossible to make a single broad recommendation. Therefore, we like to engage with families and pediatricians for early planning.

The increasing age for surgery on all hernias is related to our evolving understanding of anesthesia and the developing brain. The largest available studies continue to support that a single, relatively short anesthesia for an indicated procedure has no significant impact on brain development or increased risk of autism. What is not known is the effect of multiple anesthetics, longer duration and optimal agents. Our partners in anesthesia have been working hard to bring distraction techniques, including virtual reality, alternative anesthesia choices such as spinal and caudal anesthesia and postoperative opiate stewardship to patients to keep them as safe and comfortable as possible. We join with them by waiting to an older age when appropriate (after age 3) to maximize safety.

**For more questions regarding pediatric hernia surgery referrals, visit [valleychildrens.org/pediatric-surgery](http://valleychildrens.org/pediatric-surgery) or call 559-353-7290.**



## Child Advocacy

### Tim Curley

Director, Community and Government Relations  
Valley Children's Healthcare

### State Budget

On May 9, California Governor Gavin Newsom released his updated budget proposal for the new state fiscal year beginning July 1.

The Governor's May proposal includes funding for the same mix of child health and wellness programs and initiatives that he proposed in his January budget, including enhanced Medi-Cal provider payments pursuant to Proposition 56, home visitation for high risk pregnant mothers and newborns, graduate medical education and mental health work force training. His May proposal also included funding for two programs not included in his January budget proposal. They include a competitive grants initiative to develop and implement new youth programs in the areas of education, prevention and early intervention of substance use disorders and a statewide peer-run mental health crisis line.

Unfortunately, the Governor's May proposal did not include additional funding being requested by California's children's hospitals for pediatric physician residency training. Over the next few weeks, we will be working with the legislature and the Governor's office to secure that additional funding and to support those budget items important to child health and wellness.

*For questions or more information on these and other issues, feel free to contact Tim Curley at 559-353-8610 or [TCurley@valleychildrens.org](mailto:TCurley@valleychildrens.org)*

### State Legislation

Valley Children's continues to support the following bills, all of which continue to move through the legislative committee process.

- **Assembly Bill 526 would implement expedited enrollment into Medi-Cal for women and children being served through the Women, Infants and Children (WIC) program.**
- **Assembly Bill 577 would extend Medi-Cal postpartum care from 60 days to one year for women diagnosed with a maternal mental health disorder.**
- **Assembly Bill 763 by Assembly Member Adam Gray (Merced) would require the state to convene a work group to standardize forms currently used by Medi-Cal managed care plans to determine eligibility and reimbursement for specialty mental health services.**
- **Senate Bill 207 would include asthma prevention as a benefit under the Medi-Cal program.**
- **Senate Bill 276 by Senator Richard Pan (Sacramento) would require the state to develop a standardized medical exemption request form and approve or deny medical exemption requests.**