

UMBILICAL HERNIA

GENERAL

When a child is born the umbilical cord is clamped and divided. This umbilical cord eventually dries and falls off leaving behind the umbilicus. There is much scar tissue in this area and there is always some weakness. Sometimes this weakness can lead to an umbilical hernia later in life.

SIGNS AND SYMPTOMS

- Sometimes the bulge is very minimal and can be felt with a finger.
- There may be a visible lump. It can be small or as big as a grapefruit.
- Most umbilical hernias will go back into the abdomen when they are pushed gently.
- If the tissue from inside the abdomen becomes caught in the hernia, it cannot be pushed back. This is called an incarcerated umbilical hernia.
- The intestine or fatty tissue in the hernia can become twisted and the blood supply cut off. This is called a strangulated umbilical hernia.

TREATMENT

An umbilical hernia in an adult should be fixed up surgically as there is a risk that the tissue in it will become strangulated.

Your doctor has decided that you need to have your hernia repaired surgically.

PRE-OPERATIVE

- Make sure your doctor knows what medicines you are taking, especially medicines which may affect blood clotting.
- Your doctor may advise you first of all to deal with factors which jeopardise proper healing after repair. Obesity, prostate trouble, chronic coughing or constipation are the most important.
- Do not eat or drink anything for 6 hours before the operation.

OPERATION

Your doctor will discuss with you whether he recommends general anaesthetic, local anaesthetic or a spinal anaesthetic. There are various surgical techniques which can be used and your doctor will discuss with you what he proposes to do.

POST-OPERATIVE CARE

You will be taken to a recovery room after the operation and will be observed until you are stable. Any pain you may have will be controlled with injections or oral medication.

COMPLICATIONS

- Complications are quite rare after this operation but you must be aware that complications are possible.
- A bleed or haematoma at the site of the operation is always possible. Should this happen your doctor will decide whether you need to be taken back to the operating theatre.
- An infection in the wound is always possible. If this happens it may necessitate surgical treatment or antibiotics.
- As with any hernia repair, there is a small incidence of recurrence of the hernia after surgical treatment. There are many different reasons why this may occur. A recurrent hernia may even be larger than the original hernia.
- As with any major operation, deep venous thrombosis and pulmonary embolism are always possible.

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