**UMBILICAL HERNIA**

An umbilical hernia is an abnormal bulge that can be seen or felt at the umbilicus (belly button). These hernias are common in babies. Low birth weight and premature infants are more likely to have an umbilical hernia. Umbilical hernias are due to delayed closure of a small opening in the abdominal wall at the umbilicus. Umbilical hernias rarely cause serious problems in childhood and may be left alone to close naturally.

What is an umbilical hernia?

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Strapping the hernia does not help it to close more quickly (and it may be dangerous).

Will my child need an operation?

Many umbilical hernias close naturally between 2-5 years of age. If it hasn’t closed by this time then surgical treatment (operations) is usually advised.

In younger children, if the size of the opening in the abdominal wall is very large, then an operation is recommended. The operation is performed under a general anaesthetic. Your child comes to hospital on the day of the operation and is usually home the same day.

Where will the scar be?

A small incision is made at the base of the belly button.

The scar, formed from this small incision is usually quite difficult to see. Any scar that is visible will fade after six to twelve months.

The stitches are under the skin and they dissolve by themselves.

After the operation

Your child can play normally.

• Many children will be playing and running the next day.

• This will not affect the healing of the wound.

The dressing should be removed after three to ten days- your doctor will advise you about this and showering and bathing.

Your child will need to come back to the doctor for a check-up.

Is there pain after the operation?

Your child may have pain.

Ask your doctor for advice on medication and dosage.

Pain is not the only cause of distress after an operation. Fear, anxiety and hunger can all contribute. Try to stay calm and comfort your child. Most children also feel more calm and comfortable when they get home.

If your child develops painful swelling or fever, contact your surgeon or local doctor immediately.

Remember:

Most umbilical hernias go away by two to five years of age and do not need an operation.

The operation can be safely performed in one day.

• After the operation, your child can play normally

• If your child develops painful swelling or fever, contact your surgeon or local doctor immediately.

# PAEDIATRIC UMBILICAL HERNIA

An umbilical hernia is protrusion of some of the contents of the abdominal cavity into the belly button. It is a common problem that affects boys more frequently than girls and frequently affects premature babies. Occasionally they can be quite large.

##### **HOW IS AN UMBILICAL HERNIA TREATED?**

More often than not, an umbilical hernia will close by the time your child is four years old. If it does not, it may need an operation to fix it. The operation is performed under general anaesthesia and generally takes about 20 minutes. Your child will usually not have to stay overnight in hospital.

##### **PREOPERATIVE PREPARATION**

Your child cannot eat for 6 hours before the procedure.  In breast fed babies this time may be reduced by the anaesthetist.  Your child can drink water for up to 2 hours before the operation. The Day Surgery Unit will instruct you the day before surgery to confirm fasting times. It is useful to bring your child’s favourite toy along on the day.

##### **ANAESTHESIA**

The anaesthetist will meet you and your child prior to the procedure.  They will discuss the anaesthetic with you and take you through to the operating theatre.  Your child will be anaesthetised using a face mask and then you will be taken to a waiting area.  Once your child is asleep a drip is inserted often in the hand or arm, but occasionally it may need to be sited in the leg.

##### **PROCEDURE**

Prior to anaesthetic the hernia is marked with purple marker. Following anaesthetic, a cut is made in the belly button.  The contents of the hernia are returned to the abdominal cavity, the hernia is repaired, and the skin is closed with absorbable sutures. Tissue glue is applied as a dressing. It is lilac in colour and takes 2 weeks to fall away. A clear plastic dressing with gauze beneath it is placed on the belly button.

##### **INITIAL RECOVERY**

On completion of the operation your child will be taken to the recovery area. Children often initially appear distressed and a little confused upon waking up but will quickly settle down once you are with them and if offered a drink or something to eat. Full recovery usually takes about 2-3 hours after which you can go home.

##### **POST-OPERATIVE COURSE**

Children’s paracetamol should be given for pain relief for 24 hours. After that use paracetamol only if needed. Some children need additional medication such as ibuprofen or celecoxib. Opiate (morphine-type) medications are not usually required. Paracetamol and ibuprofen can be given at the same time and work well together. Follow the dosages recommended on the packaging or by the anaesthetist. Never give more than has been prescribed.  
  
It is quite normal for the wound to look swollen and there may be some bruising. This usually resolves in week or so. There may even be a lump that feels similar to the hernia. It is not the hernia but will take a few weeks to resolve.  
  
In general, your child may eat a normal diet after surgery. Vomiting is common on the day of surgery. It is temporary, and usually due to the anaesthetic and pain-relief medications that are used. If vomiting occurs, start with clear liquids and add solids slowly for the first day.

##### **RETURN TO ACTIVITY**

* **Activity**:  Your child should avoid strenuous activity first 1-2 days. Sport and swimming are best avoided for 3 weeks after surgery.
* **School**: Your children may return to day care or school when comfortable.
* **Bathing/showering:**As the wound is waterproof, bathing and showering is safe after the operation.
* **Wound care:**  No specific wound care is required. The stitches are absorbable and do not require removal. No dressing changes, creams or ointments are required.
* **Stool softeners and laxatives:** May be needed to help regular stooling after surgery, especially if opiates are needed for pain.

###### **Call the doctor’s office if:**

* You see any signs of infection: redness along the incision site, increased swelling, discharge
* Your child’s pain gets worse or is not relieved by pain killers
* There is bleeding from the incision
* Your child has an abnormal temperature
* Vomiting continues on the day after surgery
* If you have any other concerns

##### **FOLLOW-UP**

I will review your child 4-6 weeks after the surgery to ensure healing of the wound. For patients from rural areas this may be deferred to your local General Practitioner or Paediatrician. Please ring soon after the operation to arrange a convenient time.

##### **COMPLICATIONS**

This is a common operation with a low complication rate. The vast majority of children who have this operation recover well and have no serious complications of surgery. However, complications can occur. Some of the recognised ones include:  
  
**Recurrence**  
The chance of recurrence is <1%. The recurrent hernia will show up as a lump in the belly-button. If the hernia recurs further surgery will be required to correct it.  
  
**Infection & Bleeding**  
There is a 1-2% risk of bleeding or wound infection after surgery. The wound will appear red, be tender to touch and may discharge pus or blood. If this occurs, a course of antibiotics may be required, and you should contact me or present to your General Practitioner or Local Hospital as soon as possible.

##### **MORE INFORMATION**

If you have any questions, please do not hesitate to contact us.  
  
Ph: [02 8307 0977](tel:02%2083070977)  
Fax: 02 8088 7420  
Email: [info@drgideonsandler.com](mailto:info@drgideonsandler.com)

Please refer to the following resources for more information:

1. [Umbilical Hernia](https://www.schn.health.nsw.gov.au/fact-sheets/hernia-umbilical)  
   The Sydney Children's Hospitals Network

This page is intended to provide you with information and does not contain all known facts about umbilical hernias. Treatment may have uncommon risks not discussed here. Please do not hesitate to ask any questions you may have.