

GS02 Paraumbilical and Umbilical Hernia Repair

Expires end of April 2025

Local Information

For further information locally you can contact the Patient Advice & Liaison Service (PALS) Team who will be able to put you in contact with the relevant department.

Basildon: Tel 01268 394440
Email mse.pals.btuh@nhs.net

Broomfield: Tel 01245 514130
Email mse.public.response@nhs.net

Southend: Tel 01702 385333
Email mse.pals.suhft@nhs.net

Their opening times are Monday to Friday 11:00am-2.00pm

What are paraumbilical and umbilical hernias?

These hernias are lumps near your umbilicus (belly button) which often cause pain and may come and go. Umbilical hernias are more common in children, while paraumbilical (next to your umbilicus) hernias are more common in adults.

Your surgeon has suggested a hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a hernia happen?

Your abdominal cavity contains your intestines and other structures. These are protected by your abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin.

Weak spots can develop in the layer of muscle, resulting in the contents of your abdomen, along with the inner layer, pushing through your abdominal wall. This produces a lump called a hernia.

Paraumbilical and umbilical hernias are common as there is a natural weakness in the wall of your abdomen at your umbilicus. This is caused by the way babies develop in the womb.

The hernia causes a bulge around your umbilicus and can cause pain.

What are the benefits of surgery?

You should no longer have the hernia. Surgery should prevent the serious complications that a hernia can cause and allow you to return to normal activities.

An umbilical hernia



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Are there any alternatives to surgery?

In children under the age of about 4, umbilical hernias tend to close. For older children and adults, surgery is recommended as it is the only dependable way to cure the condition.

The hernia can be left alone but complications can happen. It will not get better without surgery.

What will happen if I decide not to have the operation or the operation is delayed?

Occasionally, the hernia can get larger with time. It can also be dangerous because your intestines or other structures within your abdomen can get trapped and have their blood supply cut off (strangulated hernia). The symptoms that may suggest a strangulated hernia are:

- severe pain;
- a hernia that will not disappear when you lie down;
- vomiting.

If you have any of these symptoms you must call your healthcare team immediately as you may need an urgent operation.

If you are female and are planning to become pregnant, it is usually better to wait until after your pregnancy before having the operation. Pregnancy increases the size of your abdomen and may undo the hernia repair. Your surgeon will tell you the risks of delaying having the operation.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes about 30 minutes. Your surgeon will make a cut near your umbilicus. They will free up the 'hernial sac', place the contents back inside your abdomen and remove the hernial sac. Your surgeon will close the weak spot with strong stitches or a synthetic mesh and close your skin.

They may insert a drain (tube) in your wound to drain away fluid that can sometimes collect. The drain will usually be removed after 1 to 2 days.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Do not do exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and may even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. It is common for the area around your wound to be bruised. Rarely, you will need a blood transfusion or another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.

Specific complications of this operation

- Developing a collection of blood (haematoma) or fluid (seroma) under your wound. This usually settles within a few weeks.
- Injury to your bowel. This is rare but you may need another operation.
- Infection of the mesh. You may need another operation to remove the mesh.

- Removing your umbilicus (belly button). Sometimes your umbilicus needs to be completely removed, leaving a scar instead.
- The problem coming back (risk: fewer than 5 in 100). You may need another procedure to fix it.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- Unsightly scarring of your skin.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you go home the same day:

- A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours.
- Be near a telephone in case of an emergency.
- Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.
- Do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Increase how much you walk around over the first few days. You may need to take painkillers to help you.

You should be able to return to work after 2 to 4 weeks, depending on how much surgery you need and your type of work.

Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for at least 6 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a full recovery and can return to normal activities. However, the hernia can come back (risk: less than 1 in 20). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or have underlying medical problems, and on the method your surgeon used to repair the hernia. The hernia can come back many years later and you may need another operation.

Summary

A hernia near your umbilicus is a common condition caused by a weakness in your abdominal wall. If left untreated, a hernia near your umbilicus can cause serious complications.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

Simon Parsons (DM, FRCS)

Illustrator

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