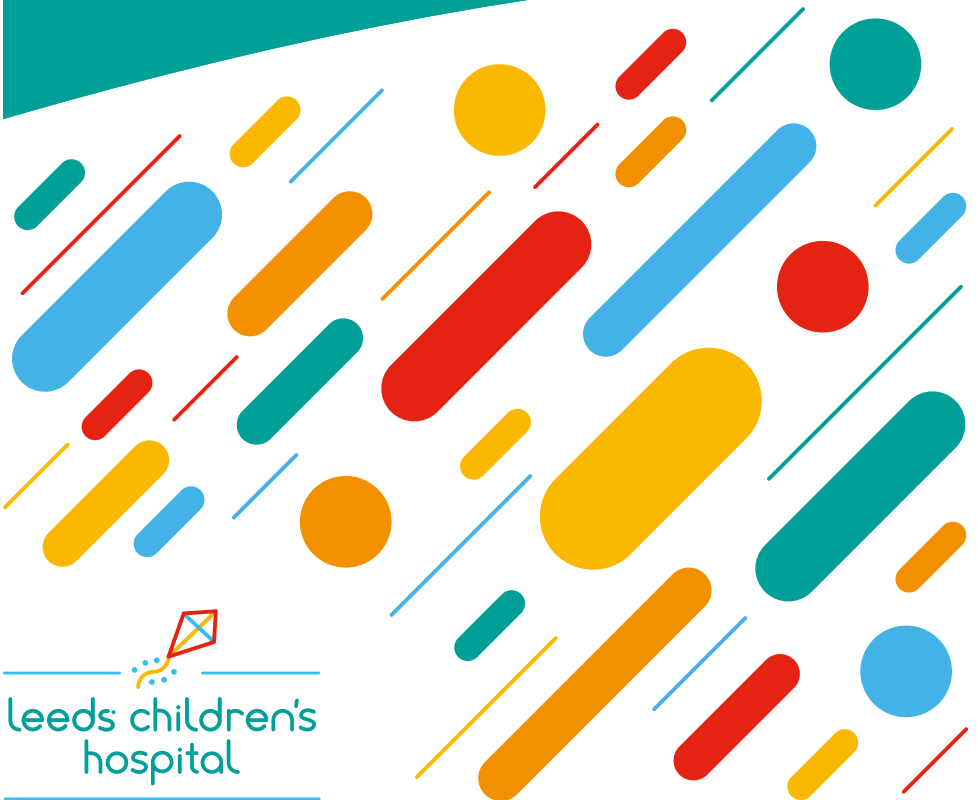


Umbilical Hernia

Information for parents



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What is an umbilical hernia?

An umbilical hernia is an abnormal bulge that can be seen or felt over the belly button (the umbilicus). A supraumbilical hernia is an abnormal bulge that can be seen or felt just above the belly button. This bulge commonly contains bowel, fat or fluid. An umbilical hernia is present from birth.

During the development of your baby in the womb, the abdominal organs are formed outside of the baby's body and return to the abdominal cavity by about the 10th week. If the muscles of the abdominal wall fail to close around the abdominal organs an umbilical or supra-umbilical hernia may occur.

How do we know my child has one?

The bulge around the umbilicus may be present all the time or may only be noticeable when your child is crying, coughing, laughing or straining. It may disappear when the child is quiet or sleeping.

How common is umbilical hernia in children?

Umbilical hernias occur in 1 in 6 children and affects boys and girls equally. Umbilical hernias are more common in children from certain ethnic backgrounds and low birth weight / premature infants.

More than 90% of umbilical hernias heal on their own by the time the child is 3 to 4 years old. Therefore, you may be advised to wait till your child is this age or even older before surgery is performed.

While we are waiting for the operation, how will we know if the hernia is stuck and what should we do?

Sometimes the intestines can get trapped in this bulge and cause umbilical pain and tenderness. This is called an incarcerated hernia and needs to be evaluated by a doctor urgently to prevent damage to the bowel. With an incarcerated hernia the bulge is very painful, firm and red. This scenario however in umbilical and supraumbilical hernias is rare.

What happens in the operation?

Umbilical /Supraumbilical hernias are repaired under a general anaesthetic. A small incision (approximately 1-3cm) is made at the base or above the belly button. The hernia "sac" containing the bulging intestine/fat or fluid is identified. The contents of the sac are pushed back into the abdomen where they belong, and the surgeons closes the hole in the muscle with stitches. The belly button is stitched to the muscle.

What are the risks?

This is a common operation and for most children the risks are low. All operations have a risk of bleeding and infection, there is no special risk with this operation. All operations have a risk of damaging nearby structures: the nearby structures we take special care around is the bowel. There is a small chance of recurrence. Cosmetic appearance of the belly button may not be consistent with a "normal" belly button but best efforts are made to achieve this.

What about the anaesthetic?

Hernia repairs in children are always done under general anaesthetic. On the day of the surgery the anaesthetist will discuss the details of this with you.

Local anaesthetic will also be given either directly into the wound or via a form of nerve block to make your child more comfortable after surgery.

How do I look after my child after?

You can pick them up, cuddle them and treat them normally from immediately post operatively. In bigger children we advise against sports for 4 weeks after surgery. They shouldn't need more than paracetamol and/or ibuprofen to control their pain (if your child doesn't have any special reason why they can't take these medicines).

Try to keep the wound clean and dry for 2 days. There will be a large dressing consisting of surgical gauze and tape, which can be removed in 24 – 48 hours. After this your child can have a quick shower from day 3 and then a bath after 1 week.

Will I be followed up?

Not usually as this should be a fixed problem. If, however you do experience problems you can either visit your local GP or get in contact with us through the main hospital switchboard on **0113 243 2799** and ask to be put through to the ward you were looked after on or the secretary of the surgeon who did your operation.

Do bear in mind there is a limit to what staff will be able to advise on without seeing your child. If your child is unwell and you need help as an emergency, you should get them to your nearest A&E.