

Brochure Code:

DC GS02

Procedure Name:

Day Case - Paraumbilical and Umbilical Hernia Repair



Expires end of December 2011

Issued February 2011

Copyright © 2010 EIDO Healthcare Ltd

Further Information and Feedback:

You can get more information about this procedure at www.iconsent.info

Tell us how useful you found this document at www.patientfeedback.org



The Royal Australasian
College of Surgeons

EIDO[®] Healthcare



What are paraumbilical and umbilical hernias?

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

Your surgeon has recommended 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 make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a hernia happen?

The abdominal cavity contains the intestines and other structures. These are protected by the 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 the abdomen, along with the inner layer, pushing through the abdominal wall. This produces a lump called a hernia (see figure 1).

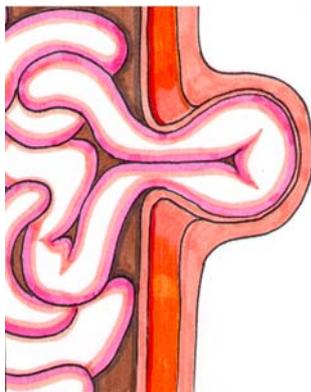


Figure 1

Hernia – bowel pushing through a weakness in the muscle wall of the abdomen

Paraumbilical and umbilical hernias are quite common as there is a natural weakness in the wall of the abdomen at the umbilicus (see figure 2). This is caused by the way babies develop in the womb.

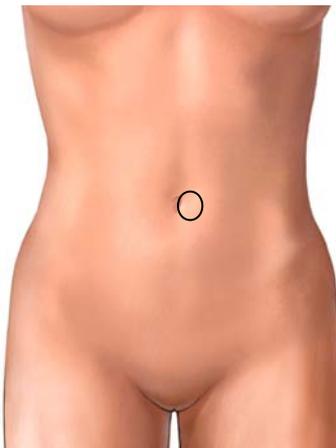


Figure 2

Position of a paraumbilical or umbilical hernia

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

What are the benefits of surgery?

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

Are there any alternatives to surgery?

In children under the age of about four, umbilical hernias tend to close on their own. 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 go away without an operation.

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

Hernias will get bigger with time. They can be dangerous because the intestines or other structures within the abdomen can get trapped and have their blood supply cut off (strangulated hernia). This is serious and needs an urgent and bigger operation, with a higher risk of serious complications. If left untreated, a strangulated hernia can cause death.

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 and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Surgery to repair paraumbilical and umbilical hernias is usually performed under a general anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about half an hour.

Your surgeon will make a cut around your umbilicus. They will free up the 'hernial sac', place the contents back inside the abdomen and remove the hernial sac. Your surgeon will close the weak spot with strong stitches or a synthetic mesh. They will then close the skin.

What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice.

You may need to stop taking warfarin or clopidogrel before your operation.

If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon's advice about when to take your medication. If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

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

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. You should avoid exercises that involve heavy lifting or make your hernia painful. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. 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.

1 Complications of anaesthesia

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

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They 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.
- **Bleeding** during or after surgery. This rarely needs a blood transfusion or another operation but it is common to get some bruising around the cut.
- **Unsightly scarring** of the skin.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication or special stockings to wear.

- **Infection of the surgical site** (wound). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave 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 your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may occasionally need another operation.

3 Specific complications of this operation

- **Developing a lump** under the wound. This is caused by a collection of blood or fluid and normally settles over a few weeks.
- **Injury to structures within the abdomen.** This is rare but may need further surgery.
- **Removing the umbilicus.** Sometimes the umbilicus needs to be completely removed, leaving a scar instead.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the day-case ward. You should be able to 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. You should be near a telephone in case of an emergency. You will need support for a few days.

• At home

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

A member of the healthcare team will tell you if you need to have any stitches or clips removed. You should increase how much you walk around over the first few days after your operation. You may need to take painkillers to help you.

If you are worried about anything once you are at home, contact a member of the healthcare team on the phone number they give you. They should be able to reassure you or arrange for you to have a check-up.

• Returning to normal activities

You should be able to return to work after two to four weeks but this may vary depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work at first and you should avoid heavy lifting for six weeks.

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

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

Most people make a full recovery and can return to normal activities.

Occasionally the hernia comes back (risk: less than 1 in 10). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. The hernia can come back many years later and may need another operation.

Summary

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

Surgery is usually safe and effective. However, 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.

Acknowledgements

Author: Mr Simon Parsons DM FRCS (Gen. Surg.)
Illustrations: Hannah Ravenscroft RM and Medical Illustration Copyright © 2010 Nucleus Medical Art. All rights reserved. www.nucleusinc.com
Australian Chief Editor: Associate Professor Steve Trumble MBBS, MD, FRACGP.
For more information about the SMS Editorial Review Board, go to www.smservices.net.au.

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