

Umbilical Hernia Repair (child)

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is an umbilical hernia?

An umbilical hernia is a lump at the belly button (umbilicus).

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. These areas come together where the umbilical cord entered, creating the umbilicus.

Weak spots can develop in this area allowing part of the bowel to push through the abdominal wall, below the skin. This produces a lump called a hernia.

What are the benefits?

Your child should no longer have the hernia. Surgery should prevent your child from having any of the serious complications that a hernia can cause in adult life, and allow them to return to normal activities.

Are there any alternatives?

In children, it is unusual for an umbilical hernia to cause serious problems such as the bowel getting stuck in the hernia. So it is safe, in children, to see if the hernia will close without surgery.

If your child is over 3 years old and they still have an umbilical hernia, the hernia is unlikely to close.

What will happen if I decide that my child will not have the procedure or the procedure is delayed?

Occasionally, the hernia can get larger with time. The hernia can also be dangerous when your child becomes an adult because the intestines or other structures within the 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 your child lies down.

- Vomiting.

If your child has any of these symptoms you must call the healthcare team immediately as your child may need an urgent procedure.

Although umbilical hernias hardly ever cause these complications in childhood (risk: fewer than 3 in 1,000), they are more likely to do so in adulthood.

What does the procedure involve?

The procedure is performed under a general anaesthetic and usually takes about an hour.

Your surgeon will make a small cut around the upper or lower half of the umbilicus and close the opening in the tough layer of the abdominal wall with strong stitches.

What can I do to prepare my child for the procedure?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

What complications can happen?

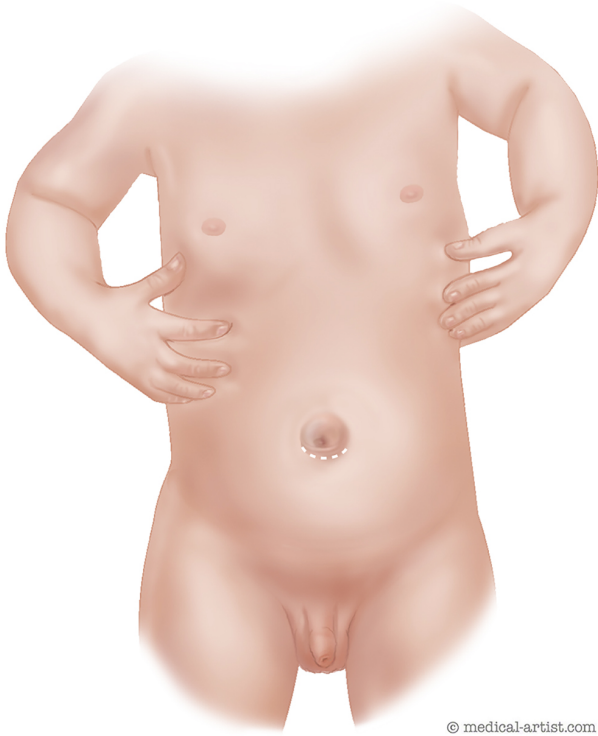
Possible complications of this procedure are shown below. Some may be serious and can even be life threatening

General complications of any procedure

- Bleeding
- Infection of the surgical site (wound)
- Allergic reaction to the equipment, materials or medication

Specific complications of this procedure

- Developing a lump under the wound caused by stitches, or a collection of blood or fluid
- Injury to structures within the hernia that come from the abdomen
- Unsightly appearance, as the skin of the umbilicus may continue to stick out
- Recurrence of a hernia



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An umbilical hernia in a boy. The dotted line shows where the surgeon will make the cut

Consequences of this procedure

- Pain
- Unsightly scarring of the skin

What happens after the procedure?

They should be able to go home the same day.

Your child should be able to return to school after a week and can return to normal activities as soon as they feel comfortable.

Most children make a full recovery.

Summary

An umbilical hernia is a common condition. If your child is over 3 years old, surgery is recommended to prevent serious complications that can happen in adult life.

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.

Acknowledgements

Reviewer

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Illustrator

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