

Umbilical hernia repair

Information for parents and carers



What is an umbilical hernia?

An umbilical hernia is a painless bulge near the tummy button that is caused by a weakness in the tummy muscles. It allows some of the intestine to “balloon” out, which causes a visible bulge in the skin. The bulge is more noticeable when the child coughs or strains. It is also more common in babies who are premature (born early). Most hernias close, on their own, in the first three years of life.

Very rarely, some areas inside the abdomen may get trapped in the umbilical hernia (strangulation).

What is the treatment?

An umbilical hernia is not usually a serious medical problem but it may cause cosmetic concerns especially when the child starts school. For this reason it is usual to repair children’s hernias after 3-4 years of age. Occasionally, there is a hernia above the tummy button, called a supraumbilical hernia. These often do not close by themselves.

What are the benefits?

The benefit/s of your child having this operation is that their hernia will be repaired. This will help them to be more comfortable and will prevent any problems developing as a result of the hernia.

What are the risks?

This is a simple and safe operation. However, all operations will carry some risks. The following complications have a less than 10% chance of occurring (10 out of 100 people):

- Infection (redness, yellow discharge, swelling or pain)
- Bleeding
- Rupture of the wound
- Recurrence of the hernia
- Unsightly appearance
- Injury to structures within the hernia

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 6.

Are there any alternatives?

An operation is the only way to repair a hernia. However, it is safe to wait until 3-4 years of age, to see if the hernia closes on its own without an operation.

What happens during the operation?

The surgeon will make a small cut near the site of the hernia to make the repair. The hernia opening is found and stitched closed with dissolvable stitches. The cut will then be closed with stitches that are 'hidden' under the skin and will gradually dissolve.

The operation takes about 30 minutes but your child will be away from the ward for about 2 hours. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

While your child is still asleep, some local anaesthetic may be injected into the operation site to help prevent pain afterwards. A small pressure dressing may be put over the wound. The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter. Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling.

You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

¹Royal College of Anaesthetists (2020) 6th edition. Your child's general anaesthetic. London: RCOA [rcoa.ac.uk/patientinfo](https://www.rcoa.ac.uk/patientinfo)

In the anaesthetic room

A nurse and one parent can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand).

Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 2 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Keep the area clean and dry for 5 days, after which time your child can have a bath or shower. Do not use bubble bath until your child's wound is completely healed. If the area becomes dirty or wet in the meantime, clean with water, but do not rub the wound.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- any redness or swelling
- bleeding or leaking from of the wound
- new or increased pain not relieved with regular analgesia (pain relief)
- your child has a fever (high temperature).

Stitches/Dressing

The wound may have a small dressing that can be removed after 5 days. Any stitches your child has will usually be hidden under the skin. They are dissolvable and will gradually disappear over the next few weeks.

If any paper stitches (Steristrips) have been used on the outside of your child's skin they will gradually loosen and fall off by themselves. If they do not, soak them off in the bath after 5 days. Your child's nurse will speak with you about this.

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for 2 to 3 days. They can return to sporting activities such as PE, bike riding, swimming, etc. after 2 weeks, avoiding contact sports for 6-8 weeks.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home, ready for when your child comes home from hospital. We will give you a short supply of these to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward: 01865 234 148
(7.30am to 7.30pm, Monday to Friday)

Outside of the hours, you can contact:

Robin's Ward: 01865 231 254/5

Melanie's Ward: 01865 234 054/55

Tom's Ward: 01865 234 108/9

Bellhouse Drayson: 01865 234 049

Kamran's Ward: 01865 234 068/9

Horton General Hospital Children's Ward: 01295 229 001/2

(All of these wards are 24 hours, 7 days a week).

Oxford University Hospitals Switchboard: 0300 304 77 77

Further information

You may also find these websites helpful:

Oxford University Hospitals:

www.ouh.nhs.uk/children/documents/literature-list.pdf

British Association of Paediatric Surgeons:

www.baps.org.uk/parents/Paediatric-conditions

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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