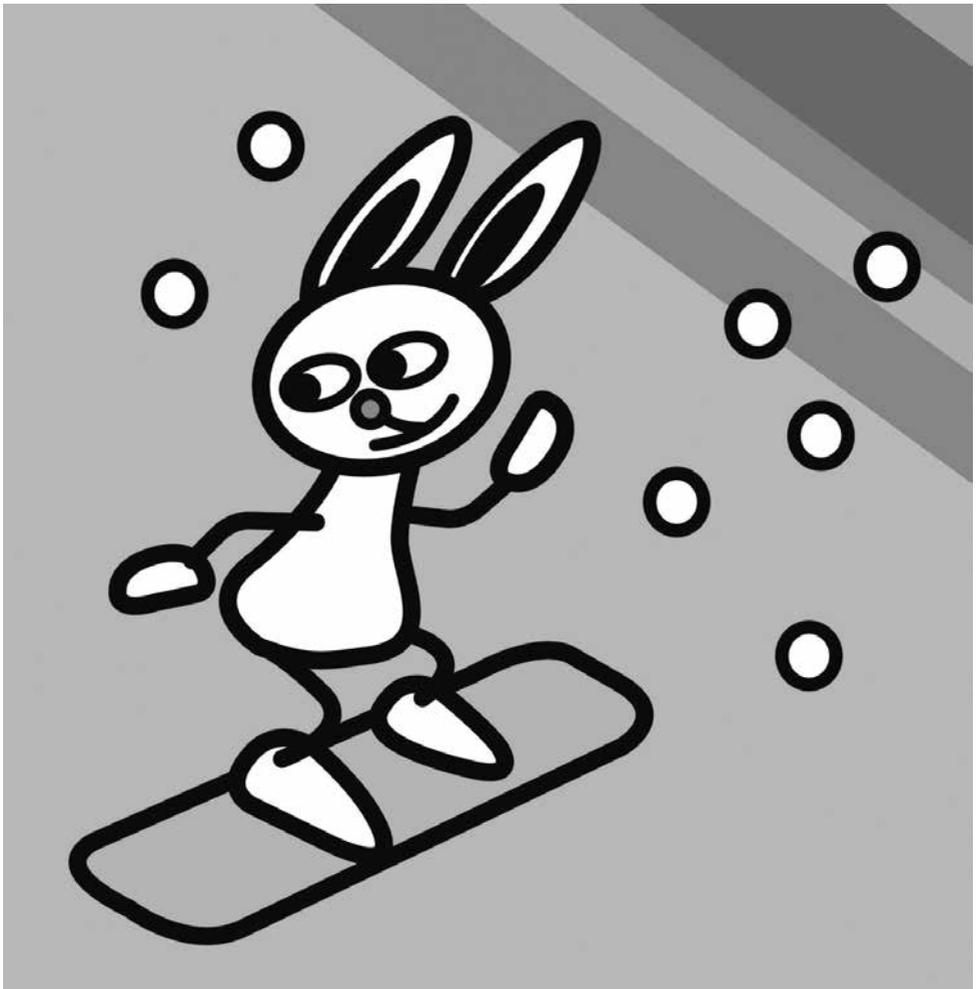


The Children's Hospital, Children's Day Care Ward

Epigastric hernia repair

Information for parents and carers



What is an epigastric hernia?

An epigastric hernia is a small bulge that is caused by a weakness in the tummy muscles. This weakness allows some of the fat in the tummy wall to bulge between the umbilicus (navel/belly button) and the breastbone. The bulge may be particularly noticeable when your child coughs or strains.

There may be more than one weakness, so more than one bulge.

An epigastric hernia is not usually a serious problem, but it may become painful or tender due to the trapped fat.

What is the treatment?

We would usually recommend that an epigastric hernia is repaired with a simple operation, especially if it is causing symptoms or is very prominent (sticks out very far).

What are the benefits?

The operation may help to relieve any discomfort the hernia may be causing. It can prevent the hernia from getting in the way of your child's normal lifestyle and activities, especially if it is large.

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 5% chance of occurring (5 out of 100 people):

- bleeding
- infection (redness, yellow discharge, swelling)
- the wound opening up
- return of the hernia
- continuing pain
- a raised or obvious scar
- lumpiness under the wound (due to scar tissue/stitches).

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

Are there any alternatives?

Surgery is the only way to repair an epigastric hernia; it will not go away on its own. Occasionally discomfort due to the epigastric hernia may get better on its own, but the bulge may still be present.

What happens during the operation?

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.

The surgeon will make a small cut in the skin near the epigastric hernia. The hernia opening will be found and stitched closed with dissolvable stitches.

The cut on your child's tummy will then be closed with stitches that are 'hidden' under the skin and will gradually dissolve. Steristrips (paper stitches) may be used on the outside of the skin, to help hold the cut closed.

Whilst your child is asleep, some local anaesthetic may be injected into the operation site to help prevent pain after the operation. A small dressing may be put over the wound.

The operation takes about 20 to 30 minutes but your child will be away from the ward for about 1 to 1 and a half hours. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

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.

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.

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 upsetting.

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. The anaesthetist will be with them at all times.

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 2 days, after which time your child can have a bath or shower. Do not use perfumed bubble bath or shower gel until your child's wound is completely healed – this usually takes about 2 weeks. If the area becomes dirty or wet in the meantime, clean it 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 around the wound
- bleeding or leaking from the wound
- new or increased pain not relieved with regular analgesia (pain relief)
- your child has a high temperature (this could be a sign of infection).

Stitches/dressing

The wound may have a small dressing that can be removed after 2 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 4 days.

They can return to gentle sporting activities, such as swimming, long walks, running, etc., after 2 weeks. They should avoid contact sports (for example, football, rugby), riding a bike and strenuous exercise (such as PE) for 4 weeks.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. 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 or NHS 111 (freephone from landlines and mobiles).

Children's Day Care Ward: 01865 234 148/9
(7.30am to 7.30pm, Monday to Friday)

Outside of these 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 7777**

Further information

You may find further information on the following website:

NHS Choices

www.nhs.uk/conditions/hernia

You can find further information about coming into hospital on our website:

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

References

¹From the Royal College of Anaesthetists (2014) Fourth Edition

Your child's general anaesthetic. Information for parents and guardians of children.

www.rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

Authors: Mr A Lee, Consultant Paediatric Surgeon
Caroline Hinton, Advanced Children's Nurse Practitioner
July 2018
Review: July 2021
Oxford University Hospitals NHS Foundation Trust
Oxford OX3 9DU
www.ouh.nhs.uk/information

