

# ***Umbilical Hernia Repair***



**SAFETY**

**HEALTH**

**SATISFACTION**

*The pillars defining our quality care*

*We Care Together!*

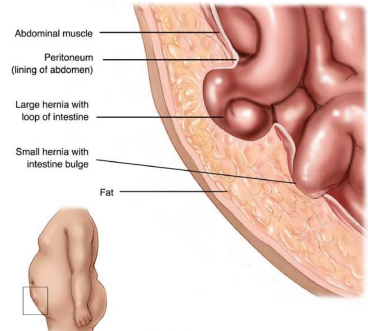


*St. Maarten Medical Center*

An umbilical hernia occurs when a tissue bulges out through an opening in the muscles on the abdomen near the navel or belly button (umbilicus). About 10% of abdominal hernias are umbilical hernias.

## The Condition

- An **umbilical hernia** occurs when part of the intestine or fatty tissue bulges through the muscle near the belly button (navel, umbilicus). Most (9 of 10) umbilical hernias in adults are acquired. This means that increased pressure near the umbilicus causes the umbilical hernia to bulge out.
- A **reducible hernia** can be pushed back into the opening or decrease in size when lying flat. When intestine or abdominal tissue fills the hernia sac and cannot be pushed back, it is **irreducible or incarcerated**. A hernia is **strangulated** if the intestine is trapped in the hernia pouch and the blood supply to the intestine is cut off. **This is a surgical emergency.**
- **Herniorrhaphy** is the surgical repair of a hernia.
- **Hernioplasty** is surgical repair of a hernia with mesh inserted to reinforce the weak area.



## Symptoms

The most common symptoms are:

- ◆ Bulge in the abdominal area that often increases with coughing or straining.
- ◆ Pain or pressure at the hernia site.
- ◆ Increasing sharp abdominal pain and vomiting can mean that the hernia is **strangulated. This is a surgical emergency and immediate treatment is needed.**

## Treatment Options

### Surgical Procedure

**Open hernia repair** - An incision is made near the site. Your surgeon will repair the hernia with mesh or by suturing (sewing) the muscle layer closed.

**Laparoscopic hernia repair** – The hernia is repaired with mesh or sutures inserted through instruments placed into small incisions in the abdomen.

### Nonsurgical hernia repair

Watching waiting is generally not recommended for adults with an umbilical hernia. You may be able to wait to repair umbilical hernias that are very small, reducible (can be pushed back in) and not uncomfortable. There is a risk of the intestines being squeezed in the hernia pouch and blood supply being cut off (strangulation). If this happens, you will need an immediate operation.

## Surgical Treatment

The type of operation depends on hernia size and location, and if it is a repeat hernia (recurrence). Your health, age, and the surgeon's expertise are also important. An operation is the only treatment for a hernia repair.

Your hernia can be repaired either as an open or laparoscopic approach. The repair can be done by using sutures only or adding a piece of mesh.



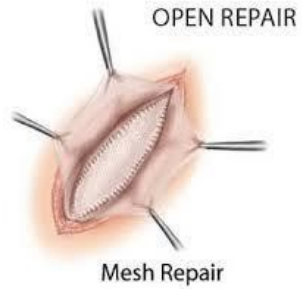
### Open hernia repair

The surgeon makes an incision near the hernia site, and the bulging tissues are gently pushed back into the abdomen, sutures or mesh are used to close the muscle.

- ◆ For a suture-only repair: The hernia sac is removed. Then the tissue along the muscle edge is sewn together. The umbilicus is then fixed back

to the muscle. This procedure is often used for small defects.

- ◆ For an open mesh repair: The hernia sac is removed. Mesh is placed beneath the hernia site. The mesh is attached using sutures sewn into the stronger tissue surrounding the hernia. The mesh extends 3 to 4 cm beyond the edges of the hernia. The umbilicus is fixed back to the muscle. Mesh is often used for large hernia repairs and reduces the risk that the hernia will come back again.
- ◆ For all open repairs, the skin site is closed using sutures, staples, or surgical glue.
- ◆ An open repair may be done with local anesthesia and sedation given through an IV.
- ◆ Your surgeon may inject a local anesthetic around the hernia repair site to help control pain.
- ◆ With complex or large hernias, small drains may be placed going from inside to the outside of the abdomen.



### Laparoscopic Hernia Repair

The surgeon will make several small punctures or incisions in the abdomen. Ports or trocars (hollow tubes) are inserted into the openings. Surgical tools and a lighted camera are placed into the ports. The abdomen is inflated with carbon dioxide gas to make it easier for the surgeon to see the hernia. Mesh may be sutured or fixed with staples to the muscle around the hernia site. The port openings are closed with sutures, surgical clips, or glue.



## Nonsurgical Treatment

Watchful waiting is not usually recommended except for very small umbilical hernias. A surgical repair is recommended for adults who have symptoms, incarceration, thinning of the skin, or uncontrollable ascites.

Because abdominal muscles weaken with age, the hernia can increase in size, and there is a risk of incarceration and strangulation. Abdominal binders that apply pressure and push back the bulge will not repair the hernia.

## Your Recovery and Discharge

If general anesthesia is given or if you are taking narcotics for pain, it may cause you to feel different for 2 or 3 days. You may have trouble remembering and feel tired. You should not drive, drink alcohol, or make any big decisions for at least 2 days.

### Nutrition

- ◆ When you wake up from the anesthesia, you will be able to drink small amounts of liquid. If you do not feel sick, you can begin eating regular foods.
- ◆ Continue to drink about 8 to 10 glasses of water each day.
- ◆ Eat a high-fiber diet so you don't strain while having a bowel movement.



### Activity

- ◆ Slowly increase your activity. Be sure to get up and walk every hour or so to prevent blood clot formation.
- ◆ You may go home the same day for a simple repair. If you have other health conditions or complications such as nausea, vomiting, bleeding, or infection after surgery, you may stay longer.

## Work and Return to School

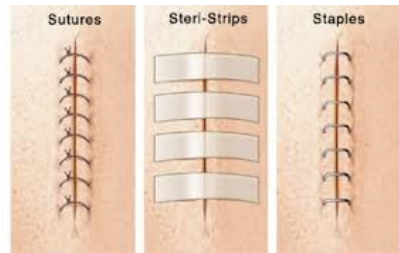
- ◆ After recovery, you can usually return to work within 2 to 3 days.
- ◆ You will not be able to lift anything over 10 pounds, climb, or do strenuous activity for 4 to 6 weeks following surgical repair of an umbilical hernia.
- ◆ Lifting limitation may last for 6 months for complex or recurrent repairs.

## Bowel movements

Avoid straining with bowel movements by increasing the fiber in your diet with high-fiber foods or over-the-counter medicines. Be sure you are drinking 8 to 10 glasses of water each day.

## Wound Care

- ◆ Always wash your hands before and after touching near your incision site.
- ◆ Do not soak in a bathtub until your stitches, steri-strips, or staples are removed. You may take a shower after the second postoperative day unless you are told not to.
- ◆ Follow your surgeon's instructions on when to change your bandages.
- ◆ A small amount of drainage from the incision is normal. If the dressing is soaked with blood, call your surgeon.
- ◆ If you have a glue-like covering over the incision, allow the glue to flake off on its own.
- ◆ Avoid wearing tight or rough clothing. It may rub against your incisions and make it harder for them to heal.
- ◆ Protect the new skin, especially from the sun. the sun can burn and cause darker scarring.
- ◆ Your scar will heal in about 4 to 6 weeks and will become softer and continue to fade over the next year.



## Pain

The amount of pain is different for each person. The new medicine you will need after your operation is for pain control, and your doctor will advise how much you should take. You can use throat lozenges if you have sore throat pain from the tube placed in your during your anesthesia.

### When to Contact Your Surgeon

Contact your surgeon if you have:

- ◆ Pain that will not go away.
- ◆ Pain that gets worse.
- ◆ A fever of more than 101°F (38.3°C).
- ◆ Repeated vomiting.
- ◆ Swelling, redness, bleeding, or foul smelling drainage from your wound site.
- ◆ Strong or continuous abdominal pain or swelling of your abdomen.
- ◆ No bowel movement by 3 days after the operation.



## Contact information

### St. Maarten Medical Center

#### General Surgery

Welgelegen Road 30

Cay Hill

St. Maarten

Tel: +1 (721) 543-1111 ext 1300, 1313

Fax: + 1 (721) 543-0116

Email: [info@smmc.sx](mailto:info@smmc.sx)

Web: [www.smmc.sx](http://www.smmc.sx)

A publication of SMMC - July 2018