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**PATIENT INFORMATION:  
UMBILICAL HERNIA REPAIR  
T2400**

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## **Umbilical Hernia Repair**

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 then separates the muscle from the outer layer of skin.

A hernia is the result of a weak spot in the wall of muscle in your abdomen which allows the lining of the abdomen to bulge out and form a small sac called a hernia. Part of the intestine or abdominal tissue can fill the sac causing it to protrude further. When this occurs at the navel (belly button), it is called an umbilical hernia.

In children, umbilical hernias often heal without surgical treatment, but an operation may be required if the hernia doesn't resolve within a couple of years. If an adult develops an umbilical hernia it usually requires surgery as it will not resolve on its own.

Umbilical hernia repair surgery is usually done under general anaesthetic, which means that you will be asleep during the procedure and you will feel no pain. The operation can normally be done as a day case with no overnight stay required. Small umbilical hernias can sometimes be repaired under local anaesthetic, which means you will be awake but the area will be completely numb.

### **Preparing for your surgery**

You will receive a pre-admission questionnaire from the hospital. By completing this you will help hospital staff to plan your care by taking into account your previous medical history and any past hospital treatment.

If you usually take medication (eg. Blood pressure tablets), continue to take this as usual, unless you are specifically advised not to. If you are unsure about taking your medication please contact us.

### **What are the benefits of the surgery?**

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

### **What does the operation involve?**

We will carry out a number of checks to ensure you have the operation you came in for. You can help by confirming to us your name and the operation you are having.

A variety of anaesthetic techniques are possible and your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also be given an injection of local anaesthetic to help with the pain after your surgery. You may be given antibiotics during the procedure to reduce the risk of infection. The operation usually takes about forty five minutes.

Once the anaesthetic has taken effect, we will make an incision just below your belly button. The bulge can then be pushed back into the abdomen and dissolvable stitches will be used to close the gap in the abdominal wall. Usually a piece of mesh is stitched in place to

strengthen the repair. The skin incision is then closed with more stitches. If stitches aren't necessary, paper strips will be used. The wound will be covered with a waterproof dressing.

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

If you smoke, stopping smoking several weeks or more before the procedure may reduce your risk of complications and will improve your health in the long term.

You should endeavour to maintain a healthy weight as the risk of developing complications is higher if you are overweight.

Regular exercise should help prepare you for the procedure and will help you recover and will improve your general health long term. You should avoid exercises that involve heavy lifting or make your hernia painful. Before you start exercising, you should seek advice from your GP.

### **What are the complications?**

We will endeavour to make your procedure as safe as possible. However, complications can happen and some of these can be serious and could even cause death. If there is anything you do not understand you should ask. The numbers which relate to risk are based on studies of people who have had this procedure. We may be able to advise you if the risk of a complication is higher or lower for you. Possible complications are:

- 1. Complications of anaesthesia**, Your anaesthetist will discuss with you the possible complications of having an anaesthetic.
- 2. General complications of any operation**
  - ❖ **Pain**, which happens with every operation. We will try to reduce your pain, we will give you medication to control the pain, it is important that you take it as advised so that you can move about and cough freely.
  - ❖ **Bleeding** during or after surgery. This rarely requires a blood transfusion or further surgery but it is common to get bruising of the groin.
  - ❖ **Infection of the surgical site** (wound). (Risk: 3 in 100) It is normally safe to shower 48 hours after surgery. However, you should check with a member of the healthcare team. Let us know if you have 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 need a further operation.
  - ❖ **Unsightly scarring** of the skin.
  - ❖ **Blood clots** in the legs (deep vein thrombosis – DVT), which can travel through the bloodstream to the lungs (pulmonary embolus), making breathing difficult. We will assess your risk. You will be encouraged to get out of bed soon after surgery and may be given injections, medication or special stockings to wear.
- 3. Specific complications of this operation**
  - ❖ **Developing a lump** under the wound (risk: 1 in 10). This is caused by a collection of blood or fluid and usually settles within a few weeks.
  - ❖ **Injury to structures within the hernia** which come from the abdomen. This is rare but may require a further operation.

If there is anything you do not understand or requires further clarification please let us know.

## **How soon will I recover?**

### **In hospital**

After the procedure you will be moved to the recovery area and then to the ward. You should be able to return home later the same day. However, we may recommend that you stay a little longer. If you do go home on the same day, a responsible adult should take you home by car or taxi and should stay with you for at least 24 hours. You should be near a telephone in case of an emergency. We will advise you if you need to have any stitches or clips removed.

If you are concerned about anything, in hospital or when you are home, contact the hospital. They should be able to reassure you or identify and treat any complications.

### **Returning to normal activities**

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 movement, feeling and co-ordination. If you have had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of developing a blood clot, make sure you carefully follow the instructions provided if you have been prescribed drugs or have to wear compression stockings. If you develop pain, swelling or redness in your leg, or if the veins near the surface of your leg appear larger than normal, you may have a DVT. Let your doctor know immediately. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should go to your nearest Accident and Emergency Department or call an ambulance.

You should increase your exercise tolerance over the first few days after your surgery. You may need to take painkillers to help you.

You should be able to return to work after two to four weeks, depending upon the extent of surgery and your type of work. You may be advised not to do any manual work at first and you should avoid heavy lifting for six weeks after your surgery.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask seek advice from your General Practitioner.

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

### **The future**

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

The hernia can return (risk: less than 2 in 100 if a mesh is used). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have any underlying medical problems. The hernia can come back many years later and may need further surgery.

## **Summary**

An abdominal hernia is a common condition caused by weakness in the abdominal wall, if left untreated, an umbilical hernia may cause serious complications.

Surgery is usually safe and effective. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that your relevant healthcare professional would give you. Please keep this information and use it to help you if you have any further questions or queries.