

Your child's umbilical hernia repair

Information for parents and carers



What is an umbilical hernia?

An umbilical hernia occurs when fatty tissue or a part of the bowel pokes through into an area near the navel (belly button). It pushes through a weak spot in the surrounding muscle wall (abdominal wall).

Umbilical hernias are very common in infants, with one in 10 young children being affected. They are especially common in babies who are premature (born early).

During pregnancy, the umbilical cord passes through an opening in the baby's abdominal wall. This opening should close before birth, but in some cases the muscles do not seal completely. This leaves a weak spot, which can lead to the development of an umbilical hernia.

The hernia appears as a lump in the navel that may get bigger when your child is laughing, coughing, crying or using the toilet. It may shrink when your child is relaxed or lying down. It is not painful.

How is it treated?

Umbilical hernias are very safe and there is no clinical need to treat quickly. During the first 3 years of life they will often reduce and many resolve fully without treatment by the age of 1. If after the age of 3 the hernia is still present then an operation to repair it can be carried out.

What does it involve?

The operation is performed under general anaesthetic and usually involves an incision (cut) near the hernia. The surgeon will locate the hernial sac and tie this off. The wound is then closed with dissolvable sutures, which will take up to 6-8 weeks to dissolve.

Are there any risks?

Umbilical hernia repair is usually a very successful operation, and complications are rare. All operations have some risks. Possible risks with umbilical hernia repair are:

- the wound becoming infected and needing antibiotics (this happens in one in 100 cases)

- the loop of bowel becoming trapped (strangulated), which would mean removing that section of bowel and rejoining the ends
- the hernia returning (a very small risk).

If the hernia was large, some excess skin may remain after the operation, but this will usually settle as your child grows up.

At home

Your child may have bruising and tenderness around the wound.

This is normal and will settle within around seven days. Your child may need regular simple painkillers, such as paracetamol and ibuprofen for the first 24 hours, and as needed thereafter.

Your child will be discharged home with a small dressing in place, which may be removed after two days. After this time your child is allowed to shower or have a quick bath. The sutures (stitches) used are dissolvable.

When can my child resume normal activities?

Most children naturally limit their own activity for a few days until they feel comfortable and well.

Keep your child off school for five to seven days. This will give them time to recover from the anaesthetic and from the operation.

Avoid sports and physical activity for at least three weeks following the operation. Avoid public swimming pools, or swimming in the sea, until the wound is healed.

Will my child need a follow up?

If your child needs an outpatient follow up, you will be informed and an appointment sent to you in the post.

Any questions?

If you have any problems or concerns, contact your GP or Harlyn ward on 01872 253909.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

