

Paraumbilical/ Umbilical Hernia Treatment

What is a Paraumbilical/Umbilical Hernia?

- A paraumbilical hernia is an abnormal protrusion through the abdominal wall around the umbilicus (belly button).
- An umbilical hernia is an abnormal protrusion through the abdominal wall through the belly button.
- The protrusion contains a small bag of abdominal lining; surgeons call this structure **'the hernia sac'**.
- The hernia sac can be empty or it can be fill with the fatty tissue (omentum) or bowel (Figure 1).

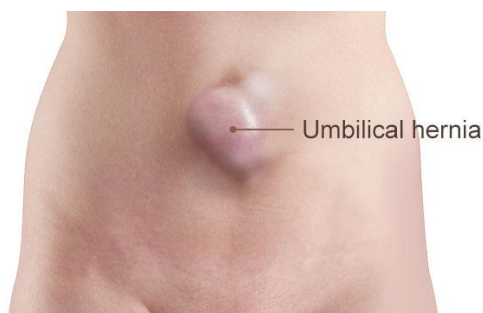


Figure 1. Umbilical hernia.

- If hernia sac is empty, the condition is called as **'reducible hernia'**.
- It causes a painless bulge that enlarges with standing, prolonged sitting, straining during urination or bowel movements or coughing usually causes discomfort.

- On the other hand, the hernia sac can be fill with the not-reducible abdominal content - fatty tissue (omentum) or bowel loop.
- Severe, continuous pain, redness, and tenderness are signs that the hernia may be entrapped or strangulated.
- Strangulation (compression) can cause a bowel rupture and infection.
- What are the treatment options?
- Each paraumbilical / umbilical hernia and its treatment should be individualized according to its location, the tissue protruding through it, the age and medical status of the patient.
- Surgery is the only definitive treatment for paraumbilical / umbilical hernia.
- Strangulated bowel or omentum within the hernia sac requires emergency surgery.
- It is generally recommended a planned operation to prevent such acute complications arising.

What are the benefits of surgery?

Benefits of emergency surgery are:

1. to inspect hernia content,

2. to remove not-viable tissues,
3. to repair hernia,
4. to prevent further complications,

Benefits of planned surgery are:

1. to inspect hernia sac,
2. to repair hernia,
3. to prevent hernia complications.

The planned procedure involves the use of anaesthesia, either local or general.

It is very important to explain to patients that there is strong evidence that stopping smoking several weeks before general anaesthetic reduces a risk of getting complications.

If the patient is overweight, losing weight will also reduce a risk of developing complications.

The not-planned (emergency) procedure involves the use of general anaesthesia.

How an open paraumbilical / umbilical hernia repair is performed?

- 5-7 cm long transverse or longitudinal incision over the hernia (Figure 2).
- Dissection of the hernia sac.
- Careful inspection and (if needed) exploration of hernia sac.
- Removal of unhealthy tissue from the hernia sac.
- Pushing healthy hernia sac contents back into the abdominal cavity.
- Cutting away the protruding sac.
- Placement (or not) of the prolene (synthetic) mesh above abdominal lining and muscle.
- Closure of the abdominal wall defect with sutures (stitches).

- Closure of the wound.
- The dressing is shower-proof.
- ✓ For mesh infection: < 1:10,000 (rare)
- ✓ Injury to bowel: < 1:10,000 (rare)
- ✓ For temporary or permanent numbness: 1:1000 (uncommon) or 1:10,000 (rare)
- ✓ For recurrence of hernia: 1:50 (common)

Are there any alternatives to a paraumbilical / umbilical hernia repair?

There are no alternatives for emergency paraumbilical hernia repair.

There are two alternatives to planned paraumbilical / umbilical hernia repair:

1. not to have any surgery to the hernia (as the chances of strangulation are small),
2. laparoscopic (keyhole) surgery.

When patient is not fit to have surgery due to age and frailty or due to severe medical problems, a umbilical hernia elastic truss belt (belt with external pressure cup) can be used to prevent from bowel protruding out in the reducible hernia bulge and diminish umbilical hernia pain (Figure 3).



Figure 3. Umbilical hernia elastic truss belt.

What can you expect after surgery

Eating

There are no dietary restrictions following planned paraumbilical / umbilical hernia surgery and you may resume to a normal diet within 4 hours after surgery.

If you have undergone emergency surgery which required removal of part of the bowel, surgeon will explain you when you may resume to a normal diet.

Bowels

It's important to get plenty of fibre in your diet while you are recovering following planned surgery.

Fresh fruit and vegetables will help to keep your bowels moving regularly.

Sometimes codeine based pain killers can slow down normal bowel movement.

If you have not had a bowel movement in three days following surgery, a mild laxative should help.

Your local chemist should be able to advise you.

If you have undergone emergency surgery which required removal of part of the bowel, your bowel movement may be unusual.

Discharge

The patient is usually either kept in hospital for about 12-24 hrs after a paraumbilical / umbilical hernia repair.

The patient is usually kept in hospital for about three days after a not-planned (emergency) paraumbilical / umbilical hernia repair with removal of part of the bowel.

Wound and scar

The wound may be closed in various ways, including dissolvable stitches or skin staplers.

This cut will leave a scar on the abdomen.

Stitches

If you have stitches or skin staplers which need to be removed, this can usually be

done by the practice nurse at your GP surgery, 10 days after your operation.

Dressings

You do not need to worry about getting the scar wet. Many patients have concerns that standing up straight will pull at the stitches. Don't worry about this.

Getting out of bed and standing up straight will actually help you to recover more quickly.

Discomfort

You will experience pain and discomfort around the wound and scar, especially for the first few days.

Painkillers

Painkillers will be prescribed for you for about 10 days.

Returning to normal daily physical activities

You should avoid heavy lifting and vigorous exercise for at least four weeks.

Getting back to work

In most cases it's usually safe to return to work 14 days after a paraumbilical / umbilical hernia repair.

People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs. If so, you will need up to three weeks off work.

Driving

It is advisable not to restart driving for about 14 after a paraumbilical / umbilical hernia repair.

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking.

You should be comfortable in the driving position and able to safely control your car,

including freely performing an emergency stop.

Please be aware that driving whilst unfit may invalidate your insurance.

When do I have to contact doctor if I have concerns or questions?

Call your doctor if you have:

- ✓ Increased or persistent pain not relieved with pain relief medications
- ✓ Redness or swelling around the wound
- ✓ Discharge of pus or blood from the wound
- ✓ Increased pain in the abdomen
- ✓ Persistent fever
- ✓ Temperature above 38°C
- ✓ Shakes, swelling, chills, rigors
- ✓ Uncontrolled vomiting
- ✓ Persistent bloating of the stomach
- ✓ Inability to have a bowel movement after four days
- ✓ Dizziness/feelings of faintness
- ✓ Blood in your vomit, urine, or cough

Who do I contact if I have questions or concerns?

- A. Contacting during working hours (9am - 5pm in the working week)

Please contact the secretary and leave a message for the surgical team.

You will be contacted with appropriate advice or management plan.

If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*, which can manage serious problems in the best possible manner.

- B. Out of hours (after 5pm during working week/weekend/bank holiday)

Please seek advice from your GP for minor complications.

If you are not sure or if you think it is a serious problem, please come to Aintree Accident & Emergency department* for a review.

Hospital switch board tel: 0151 529 5980.

***When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.**

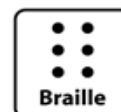
Are there any other sources of information?

Here is a list of websites that offer safe, sensible, useful information:

<http://www.nhs.uk/conditions/Umbilicalhernia/Pages/Whatisitpage.aspx>

http://www.ruh.nhs.uk/patients/services/upper_gi/documents/Umbilical_or_Paraumbilical_Hernia_Adults.pdf

http://www.heatherwoodandwexham.nhs.uk/sites/default/files/i4p/y_021_2_pdf_12933.pdf



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