

# Para-umbilical and Umbilical Hernias

Your doctor has diagnosed a hernia near the umbilicus (tummy button). You have been given this leaflet to provide information about your condition. This guide will help answer many of the frequently asked questions about hernias.

## What is a para-umbilical or umbilical hernia?

A hernia is a weakness in the muscles of the abdomen. This allows some of the fat that sits around the bowel, or even the bowel itself, to push through and make a bulge under the skin.

An umbilical hernia occurs when the hole or defect is directly behind the umbilicus, or “tummy button”. A para-umbilical hernia is the term for a weakness that is just to one side of the umbilicus.

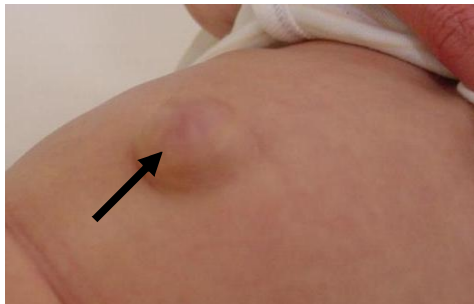


Photo of a patient with a bulge of an umbilical hernia (arrowed)

## How do hernias occur?

Umbilical hernias are most common in children. They may be present from birth and may be repaired for “cosmetic reasons”.

Para-umbilical hernias are most common in older men who are overweight. They may develop after a period of lifting, straining or coughing. This can weaken the abdominal muscles, cause pain and allow a hernia to bulge through. Hernias are more common in people with heavy manual jobs and become more frequent as you get older.

## Do I need an operation to fix it?

Once a hernia has developed, the weakness will always remain – unless it is repaired. Some patients choose not to have an operation, perhaps because of ill health. In this situation a truss may control the hernia by keeping it pushed back inside the abdomen.

## What happens if I choose not to have it repaired?

Over time a hernia may become bigger and more troublesome. Without a repair, the risk is that some bowel may become trapped inside the hernia. This is a strangulated hernia and is a surgical emergency. If this occurs the hernia is often warm, red and tender.

These surgical emergencies can be associated with other complications and fixing these hernias can be more difficult.

## What is a strangulated hernia?

If bowel becomes stuck in the hernia it may become blocked and trapped. If this happens the hernia bulge may become warm, red and painful to touch. You may also feel sick or vomit. This is a medical emergency and you should contact your GP or attend the Accident and Emergency department.

### **How is the operation performed?**

These hernias may be repaired with you asleep (under general anaesthetic), or with you awake (under local anaesthetic). The method of repair and anaesthetic will be discussed by your specialist at the time of your out-patient consultation.

Before your operation you will meet your surgeon. They will examine you, mark your hernia, and explain the operation in detail.

Once anaesthetised, using a small cut near the umbilicus, the hole in the muscle wall is identified. The hernia may be closed using stitches or even a mesh, depending on the size of the hernia. Dissolving stitches are usually used for the skin.



Photo of the mesh used for umbilical hernia repair

### **How long am I in hospital?**

Most people are able to go home on the day of their operation. If your operation is performed with you asleep (under general anaesthetic) a responsible adult should be with you for 24 hours after the operation. Your specialist will help advise you whether a day-case operation will be suitable for you.

### **What is the success rate of the operation?**

Hernia operations are very successful when performed by trained specialist surgeons. The chance of a hernia coming back (a recurrence) is less than 2%. Hernias are more likely to return in patients with infections or in those who do heavy lifting too quickly.

### **What are the risks or complications?**

The risk of the hernia recurring is less than 2%. Hernia operations may cause some bleeding and bruising near the scar. There is a small risk of a wound infection and antibiotics may be given.

General anaesthetics are very safe although all operations do carry a small risk. If you are concerned about an anaesthetic please speak to your specialist. **What can I do afterwards?**

As a rule - "in the first month, if you can't lift it easily with one hand, you shouldn't lift it at all".

In the first four weeks you should take gentle exercise (walking) as discomfort permits. After a month you can start more demanding exercise although you must build up to full strength gradually.

Most people need one or two weeks off work after a hernia operation. Patients with strenuous manual work may need 4-6 weeks before they can return to full duties.

### **When can I drive after a hernia operation?**

Do not drive for 24 hours after a general anaesthetic. You need to be able to do an emergency stop without pain to drive safely. This usually takes 1-2 weeks after a groin hernia operation.

Mr Nathan Coombs BSc FRCS FRCS (Gen Surg)  
Consultant General Surgeon

The Shalbourne Suite  
Great Western Hospital  
Marlborough Road  
Swindon, SN3 6BB

Tel: 01793 646067  
Fax: 01793 646064

The Ridgeway Hospital  
Moormead Road  
Wroughton  
Swindon, SN4 9DD

Tel: 01793 814848