

Umbilical or Paraumbilical Hernia Adults

WHAT IS AN UMBILICAL OR PARAUMBILICAL HERNIA?	2
THE OPERATION?	2
ANY ALTERNATIVES	3
BEFORE THE OPERATION	3
AFTER YOUR SURGERY - IN HOSPITAL	4
POSSIBLE COMPLICATIONS?	5
After the first 24 hours	6
After the first week	7
General Advice	7
WHERE SHOULD I SEEK ADVICE OR HELP?	7

What is an Umbilical or Paraumbilical Hernia?

The hernia is a weakness or hole of the tummy button (umbilicus) or tissue around the umbilicus (paraumbilical).

Usually some internal fat or bowel can push through the weak spot/ hole making it bulge.

This will most likely get bigger and become unsightly if not treated.

Sometimes fat or bowel gets caught in the hernia causing severe pain and vomiting (called strangulation or incarceration) and requires an emergency operation to deal with the problem.

The Operation?

You can be given a local or a general anaesthetic. The choice depends partly on which you prefer, and partly on what your anaesthetist and surgeon think is best.

In some cases when the hernia is relatively small and your general medical condition does not allow you to tolerate the stress of a general anaesthetic, the operation can be done under local anaesthetic.

Having a general anaesthetic means that you will be completely asleep during the operation.

Having a local anaesthetic means that you will be awake during the operation, you will feel that something is being done at the area of the operation but will not feel pain.

A cut is made near the tummy button. Any fat or bowel in the hernia is pushed back or removed. The weakness is mended/closed usually with strong stitches.

Another alternative is to reinforce the weak spot with a piece of synthetic material (mesh). This is usually done when the tissues around the weak spot are not strong enough to be stitched up together with strong stitches or when the weak spot is so big that it is impossible to close it with stitches alone.

The synthetic patch is placed on top of the weak spot and is stitched to the healthy tissues around it. Soon scar tissue develops above and under the patch and this makes it very strong and makes it less likely that the hernia can come back again.

The skin is then closed up, usually with invisible dissolving stitches.

The appearance of your tummy button may change after the operation and rarely may have to be removed, especially if the hernia is large.

Keyhole surgery for hernia repair is rare. There is no clear evidence at the moment that it offers a significant advantage compared to the traditionally performed operations.

You may well be able to have the operation on the day you come in and go home the same day. Some people may need to stay in for a day or two depending on your health.

Any Alternatives

Simply waiting and seeing if you have more trouble is not recommended.

The hernia may get worse and may strangulate. A truss will not usually hold the hernia back in place. It is useful as a stop-gap until you have the operation. It is occasionally a good idea if you do not like the idea of an operation, or if you are not fit enough for one.

Before the operation

Stop smoking and get your weight down.

If you know that you have problems with your blood pressure, your heart, or your lungs ask your family doctor to check that these are under control.

Check you have a relative or friend who can come with you to the hospital, take you home, and look after you for the first week after the operation.

Bring all your tablets and medicines with you to the hospital. On the ward, you may be checked for past illnesses and may have special tests to make sure that you are well prepared and that you can have the operation as safely as possible.

The Royal United Hospital now runs a Specialist Hernia Preadmission Clinic, where you visit for an hour or two, a few weeks or so before the operation for these checks.

After your surgery - In Hospital

There may be some discomfort on moving. Painkilling tablets should easily control this discomfort. If not, you can have painkilling injections.

By the end of one week the wound should be just about pain-free. A general anaesthetic will make you slow, clumsy and forgetful for about 24 hours.

The nurses will help you with everything you need until you are able to do things for yourself.

Do not make important decisions, drive a car, use machinery, or even boil a kettle during that time.

The discomfort of the operation can make it difficult to pass urine and empty the bladder. It is important that your bladder does not seize up completely. If you cannot get the urine flowing properly after six hours, contact the nurses or your doctor.

The wound may be closed with stitches or clips which will need to be taken out about 10 to 14 days after the operation. Sometimes there are stitches under the skin instead. These melt away and don't need to be removed.

A plaster on the wound makes it more comfortable. You can wash, bathe, or shower as soon as the stitches or clips are taken off.

If you only have dissolvable stitches under the skin, try to keep the wound area dry for a week. Soap and tap water are quite all right. Salted water is not needed.

Some hospitals arrange a check-up about one month after you leave the hospital. Others leave check-ups to the general practitioner.

The nurses will advise about sick notes, certificates etc.

After your surgery - At Home

At first discomfort in the wound will prevent you from harming yourself by lifting things that are too heavy.

After one month you can lift as much as you used to lift before the operation.

There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

You may restart sexual relations within a week or two, when the wound is comfortable enough.

You should be able to return to a light job after about two weeks, and any heavy job within four to six weeks.

Possible complications?

If you have this operation under general anaesthetic, there is a very small risk of complications related to your heart and lungs.

The tests that you will have before the operation will make sure that you can have the operation in the safest possible way and will bring the risk for such complications very close to zero.

Complications are rare and seldom serious. If you think that all is not well, please let the doctors and the nurses know.

Bruising and swelling may be troublesome, particularly if the hernia is large. The swelling may take four to six weeks to settle down.

Serious bleeding that might require another operation to stop it happens in less than 1% of cases.

Infection happens in 1 to 2% of cases and usually settles down with antibiotics in a week or two.

The infection can cause more trouble in situations where the hernia was repaired with a synthetic patch.

The patch is a foreign body and if it gets infected it makes it difficult to control the infection with the antibiotics. If this happens, you may require antibiotics for a longer period of time and, very rarely, you might need another operation to remove the patch. In this case, you will most probably need another operation in the future to repair the hernia again.

Extremely rarely (1 in 2000 cases) the bowel or other organs of the abdomen can be damaged during the operation and if this occurs you will need another operation to fix the problem.

Aches and twinges may be felt in the wound for up to six months.

About 1 to 2 % of patients experience some pain longer than that (chronic pain) and if this happens the doctors will discuss with you the best way to deal with the problem.

Overall the chances of the hernia coming back again are between 3 to 5%.

The chances of the hernia coming back are higher if the hernia was very big, you are overweight or your tissues are not very healthy and they are not healing well for example if you are elderly or diabetic.

Complications are rare and seldom serious.

In the first 24 hours

Look out for:

- Any bleeding coming through the dressings.
- Any swelling bigger than the original hernia.
- Difficulty emptying your bladder.

After the first 24 hours

- Bruising and swelling may be troublesome, particularly if the hernia was large.
- The swelling may take four to six weeks to settle down.
- Infection is a rare problem and settles down with antibiotics in a week or two.

After the first week

- Occasionally there are numb patches in the skin around the wound which get better after two to three months.
- The risk of the hernia coming back is about 5 in 100 operations.

General Advice

Do leave yourself enough time to get over the operation.

Practically all patients are back to their normal duties within one month.

We hope these notes will help you through your operation.

They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please ask the doctors or nurses.

Where should I seek advice or help?

Before the operation:

Day surgery Pre assessment: 01225 826434

First 24 hours after surgery:

Telephone the ward where you were treated via the Hospital switchboard:
R.U.H: 01225 428331

Advice about your wound:

Practice nurse at GP surgery
NHS Walk-In Centre

Advice about pain killers:

Visit your local Pharmacist.

General health inquiries:

Ring NHS Direct on 0845 4647 (24 hours).
Web address: www.nhsdirect.nhs.uk

Problems related to surgery:

Make an appointment with your GP.

Urgent or severe problems:

Call your GP or go to the A & E Dept at the RUH (or your local A & E)