

Umbilical Hernia

What is an umbilical hernia?

An umbilical hernia is an opening in the abdominal wall at the umbilicus (belly button). This opening is present at birth and generally closes as part of normal development. The hernia is often noticed when part of the intestine, and/or fluid from the abdomen, comes through an opening in the abdominal wall causing a bulge. Umbilical hernias are common, occurring in 10% to 20% of all children.

What causes an umbilical hernia?

As the baby develops during pregnancy, there is a small opening in the abdominal wall that allows the umbilical cord to pass through, connecting mother to baby. As the baby grows after birth, this opening in the abdomen closes. Sometimes this opening does not close completely, and a small opening remains. This opening is called an umbilical hernia.

What are the symptoms of an umbilical hernia?

Umbilical hernias appear as a bulge or swelling in the belly button area. The swelling may become more noticeable when the baby cries, and may become smaller or disappear when the baby is quiet. If a physician gently pushes on the bulge when a child is lying down and calm, it will usually get smaller or go back into the abdomen.

Rarely, the intestines get trapped within the umbilical hernia. This is referred to as an incarcerated hernia. When this occurs, the child usually has severe pain and the bulge may be firm and red. Urgent medical evaluation to exclude an incarcerated hernia is required in order to prevent possible damage to the intestines.

How is an umbilical hernia diagnosed?

Physical examination by a physician can diagnose an umbilical hernia and can also determine if there are any abdominal contents caught in the hernia sac.

How is an umbilical hernia treated?

Most umbilical hernias close spontaneously by ages 3 to 4. If closure does not occur by this time, surgical repair is usually advised. Since most umbilical hernias close without surgery, it is **not advised** to close these hernias in babies or children younger than this. In younger children, if there is an episode of incarceration (the intestine gets stuck in the sac and will not go back in even when the baby is quiet) or if the hernia opening is very large (more than two centimeters), surgical repair may be recommended. The amount of abdominal contents (or size of the bulge) that moves in and out of the hernia opening varies greatly and is **not** an indication that the hernia should be repaired before the age of 3 or 4.

How is an umbilical hernia repaired?

Surgery to repair the hernia is performed under general anesthesia. A small incision is made at the base of the belly button. If any intestine is present in the hernia, it is placed back into the abdominal cavity. The opening is then repaired with multiple

stitches that dissolve. A dressing is placed to keep the belly button flat and to absorb any drainage for the first couple of days.

While children with certain medical conditions may require overnight observation in the hospital, most children are able to return home within a few hours after surgery.

What is the long-term outlook for umbilical hernia patients?

Once the hernia is closed, it is unlikely that it will reoccur. However, the risk of recurrence is slightly increased in patients who have wound infections following surgery. Wound infections are uncommon.

Special Instructions for the Day of Surgery

You will be called by our office on the day before surgery with instructions about the time to be at the hospital and the time your child should stop eating and drinking the day of surgery. You will be given written instructions for medications, incision care, and activity restrictions on the day of surgery before you are discharged home from the hospital.

Special Instructions after Surgery

- No contact sports for at least one week.
- Umbilical dressings will be removed 2 days after surgery. No ointments are to be used on incisions.
- Sponge bathe for 5 days then as usual
- No swimming in a public water source (rivers, lakes, ponds, pools, or streams). Private pool is ok after 1 week
- No other activity restrictions
- There will be instructions for taking ibuprofen and a narcotic pain prescription to control any pain