



UMBILICAL HERNIA

What is an umbilical hernia?

An umbilical hernia occurs when bowel protrudes through an opening in the abdominal wall into the umbilicus (belly button). Most umbilical hernias do not require surgery because they go away by themselves. It is normal for the bulge to get larger before the hole closes.

Who gets umbilical hernias?

Any child can be born with an umbilical hernia. They are more common in African American children.

How is an umbilical hernia diagnosed?

An umbilical hernia is diagnosed by physical exam. No special tests or procedures are required.

How is the decision made that surgery is needed?

The decision to have an umbilical hernia repaired is usually made before the child enters kindergarten. This will ensure that the hernia is repaired without missing school. Only a large hernia needs to be repaired. This decision is made through discussion between the parent and surgeon.

What can I expect from surgery?

A small incision is made in the belly button and the abdominal opening is closed.

Bring for your child for the day of surgery:

- A variety of favorite toys, music tapes, or books to encourage quiet time.
- A special toy or security blanket that may help to comfort your child.
- Extra pacifiers or teething toy to help soothe your baby.
- A change of clothes and loose clothes to wear home from the hospital.
- Snacks or money to buy yourself a meal. Please do not eat in front of your child.

When will my child be able to go home?

Most children go home the same day of surgery. If your child has a medical condition he may stay overnight in the hospital for his safety. Plan on a total of three to five days off work, including the surgical day. This will allow for two quiet days after the operation.

What care is needed at home after surgery?

Care of the incision: There is usually a large bulky dressing on the umbilicus after surgery. Keep it dry. Remove it according to your surgeon's instructions.

Activity limitations:

0-8 months: normal activity for age.

8 months-21/2 years: Be careful of toddler accidents.

21/2 years -12 years: Quiet supervised play for 24-48 hours. No running, contact sports or vigorous activity for 4 weeks.

Diet: Your child may have his/her usual diet. It is not unusual for your child to be nauseous after surgery. If this is true, give small frequent amounts of juices or ginger ale. Some children become constipated after surgery. Give plenty of fluids to prevent this. Your child should not go more than 48 hours without a bowel movement.

Bathing: Sponge bathe your child until the dressing is removed.

Medication: Give medicine around the clock for the first 24-48 hours and as needed after that for three to four days. Please call if your child is uncomfortable. Some children require more medicine than others.

When should I call the surgery team?

Please call the surgery team if there is bleeding or drainage from the dressing, fever above 101 F., vomiting or less peeing than usual.

When can my child return to school or daycare? Will I need a note to excuse him from PE?

Your child should not have physical education or play contact sports for four weeks after surgery. Ask us for an excuse note for school.

What are the long term consequences?

The most common complications related to this surgery are bleeding and infection. Complications occur in less than 1% of the population. There is no effect on growth and development.

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