

### During the surgery (continued)

- The skin around the belly button is sewn down to the underlying muscle so it will look like an “innie” instead of an “outie.”
- A bulky pressure dressing is applied over the incision to provide support to the repaired muscle and tissue.

### After the surgery

Most children will be able to go home a few hours after surgery. However, premature infants and children with certain medical conditions may need to spend one night in the hospital for observation.

### Caring for your child after surgery

Usually, your child will feel fine again the evening after surgery or by the next morning. You will be given a prescription for pain medication for your child. Most parents find that only 2 or 3 doses are all the child needs for pain control. After that, over-the-counter analgesics are usually enough to keep the child comfortable.

As soon as your child is able, he or she can resume normal eating habits.

Your child’s activities will be temporarily restricted to prevent damage to the operative site. Your child should not ride a bike, play on a jungle gym, wrestle or participate in organized sports until the surgeon re-evaluates your child at the follow-up visit.

You may give your child a sponge bath the first few days after surgery. Tub baths are permitted 3 days after surgery, and the bulky dressing can be removed at this time.

A small piece of tape (called a steri-strip) will remain over the incision and will gradually fall off on its own. Do not pull this strip off yourself. If the strip does not fall off on its own, your health care provider will remove it at your child’s follow-up appointment.

### When to call your child’s care provider

You may notice some minor swelling or discoloration around the incision. This is normal. However, call your health care provider if your child is unable to urinate, or has a fever, excessive swelling, redness, bleeding or increasing pain.

A **follow-up appointment** will be scheduled from 7 to 10 days after your child’s surgery. Your health care provider will assess your child’s wound site and his or her recovery.

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DEPARTMENT OF PEDIATRIC SURGERY

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# UMBILICAL HERNIA TREATMENT FOR CHILDREN

DEPARTMENT OF  
PEDIATRIC SURGERY

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## What is an umbilical hernia?

An umbilical hernia is an abnormal bulge, or protrusion, that can be seen or felt over the belly button (the umbilicus). An umbilical hernia develops when a portion of the intestine, along with fluid, bulges through the muscle of the abdominal wall.

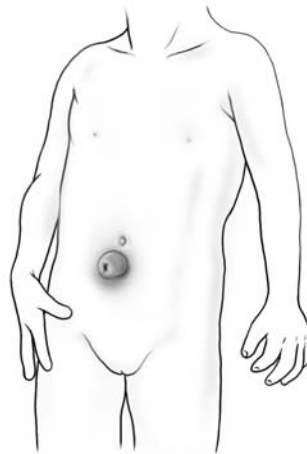
Umbilical hernias in children result from a weakness in the abdominal wall that is present at birth. The bulge in the umbilicus may be present all the time, or may only be noticed when the child is crying, coughing or straining during a bowel movement.

Umbilical hernias occur in 1 of every 6 children, and affect boys and girls equally. Umbilical hernias are more common among African American children than Caucasian children. In addition, low birth weight and premature infants are more likely to have umbilical hernias.

## What causes an umbilical hernia?

During a baby's development in the womb, the abdominal organs are formed on the outside of the baby's body and return to the abdominal cavity around the 10<sup>th</sup> week of gestation. If the muscles of the abdominal wall fail to close around the abdominal organs, an umbilical hernia may form.

Sometimes, the intestines can get trapped in this muscular defect, and cause umbilical pain and tenderness. This is called an **incarcerated hernia** and needs to be evaluated by a medical professional to prevent damage to the intestines.



**External appearance of umbilical hernia**

## When should an umbilical hernia be repaired?

Ninety percent of umbilical hernias heal on their own by the time the child is 3 or 4 years old. Therefore, your surgeon will probably recommend waiting until your child is 3 or 4 before advising surgical repair. However, if the umbilical hernia is incarcerated or the defect is greater than 1.5 cm in diameter, it is unlikely to spontaneously heal and will need to be surgically repaired.

## Before the surgery

Umbilical surgery takes about an hour and is usually an outpatient procedure (which means the patient can go home the same day of the procedure).

## DIETARY GUIDELINES

Strict guidelines are enforced regarding the child's diet the morning of the surgery. These guidelines will help reduce the risk of vomiting and aspiration (inhaling fluids) while your child is under anesthesia.

Your child can have his or her regular diet up to 8 hours before surgery, milk or ice cream up to 6 hours before surgery, and clear liquids (water, apple juice, gelatin, broth, etc.) up to 3 hours before surgery. After that time, your child should not eat or drink anything else until after the surgery.

## During the surgery

- An anesthesiologist (a doctor who specializes in sedation and pain relief) gives your child general anesthesia, which relaxes your child's muscles and induces sleep. Your child will not feel pain during the surgery.
- A small incision, or cut, (from 2 to 3 cm) is made at the base of the belly button.
- The hernia "sac" containing the bulging intestine is identified.
- The surgeon pushes the intestine back into its proper place behind the muscle wall.
- The hernia sac is removed.
- The muscle wall is reinforced with multiple layers of stitches to prevent another hernia.