Probus Surgical Centre

"To improve the health and well-being of those we care for"

UMBILICAL HERNIAS

Umbilical hernias and nearby hernias called "Paraumbilical Hernias" develop in and around the area of the umbilicus (belly button or navel). A congenital weakness (meaning present since birth) exists in the navel area in the region where vessels of the foetal and infant umbilical cord exited through the muscle of the abdominal wall. After birth, although the umbilical cord disappears (leaving just the dimpled belly-button scar), the weakness or gap in the muscle may persist. Hernias can occur in this area of weakness at any time from birth through late adulthood, as the weakness progressively bulges and opens, allowing abdominal contents to protrude through. In addition to navel deformity and an associated bulge, the signs and symptoms include pain at or near the navel area. The hernia bulge pushes out upon the skin directly at or around the navel, distorting the normal contour and architecture.

Umbilical hernias –in general -- should be repaired though the risks of obstruction and strangulation of bowel or abdominal contents is uncommon. Pain, discomfort in the navel region on strenuous activity, increasing size are some of the reasons for repair.

What are the symptoms of hernia?

Remember a hernia is simply a hole in the abdominal wall – a hole through which something can protrude. The hole itself is not painful. There is sometimes, but not always, some discomfort – but it is not excruciating pain. As a rule of thumb, if when you stand up or cough there is no swelling or a lump to see or feel, it is unlikely that you have a hernia – unlikely but not impossible. Scans have the problem that they may 'over diagnose' hernias. In such cases they report a 'possible' or 'small bulge', which is just a bit of normal tissue. So, you can't rely 100% on scans. Be guided by your surgeon.

What is the procedure?

A hernia operation can be performed under either local or general anaesthetic. At Probus Surgical Centre, the procedure is only performed under local anaesthetic where local anaesthetic is injected into the area of the cut to make it numb.

An incision is made over the hernia. One of the muscle layers is opened and the hernia is then carefully put back in place and a repair is made to strengthen the weakened area. The repair can consist of two or more layers of stitches or by stitching a mesh over the whole area. Both of these methods give very good lasting results. Both of these methods give very good lasting results. However, mesh repair is the preferred method as advocated by the British Hernia Society Nov 2016 and International Guidelines for Hernia Repair Nov 2017. The surgeon will advise you what is required depending on what type of hernia you have.

PLEASE NOTE: Whilst general anaesthetic and laparoscopic surgery are also options for repair, these are not available at Probus Surgical Centre or its satellite locations. If you require general anaesthetic or laparoscopic surgery then you will be referred by us, at assessment, to the Royal Cornwall Hospital for your care.

You will be referred to Royal Cornwall Hospital if you meet any of these criteria:

- Any local anaesthetic allergy
- Implantable defibrillator
- Patients who are detained under the Mental Health Act or are experiencing an acute psychotic episode.
- Patients being detained by Her Majesty's Prison Service, where security arrangements are deemed not to be appropriate.
- Patients on warfarin unable to stop pre-operatively without the need for bridging therapy.

- High BMI (>33)

The umbilicus may not look the same as it did prior to the operation. **Occasionally, the umbilicus may need to be removed in order to repair the hernia effectively. Your surgeon will tell you if that is necessary.**

If you would like to have some light oral sedation during your operation, please discuss it with your surgeon at your appointment.

COMPLICATIONS AND RISKS

Immediate risks during or shortly after surgery

Less common
Fewer than 1 in 20

1. Damage to surrounding structures
   Nearby structures are at risk of being injured during the procedure. During this procedure, the main risk of injury is to part of the bowel or urinary bladder and blood vessels.

Rare
Fewer than 1 in 100

1. Perioperative risks
   There are several complications which having any operation increases the risk of - called perioperative risks ('peri' means 'around the time of'). These include allergic reactions to medicines, significant bleeding.

Early risks in the days after surgery

Common
More than 1 in 20

1. Discomfort expected.

   It is normal to have some discomfort - which may include pain, irritation, or stiffness - for a few days or weeks after treatment. Pain relief options will be discussed with you.

2. Wound haematoma or seroma

   A wound haematoma or seroma describes when there is a collection of blood (haematoma) or fluid (seroma) in the surgical wound. They can sometimes be left alone to reabsorb over a few weeks but may need to be drained with a needle especially if causing discomfort, and this may need to be done more than once. Less commonly, you may require another operation to evacuate the haematoma.

Less common
Fewer than 1 in 20

1. Wound infection

   A wound infection is an infection of the skin or underlying tissues, where a cut has been made, often causing redness or swelling. It may require treatment with antibiotics. Occasionally, drainage of a collection of infected fluid (pus) or further surgery may be needed.

   The risk of developing a wound infection is higher in some patients, such as those who are obese, are smokers, have diabetes or take immune suppressive medications.

In some cases, wounds can heal more slowly than normal, may require special dressings to aid healing, or can reopen after they start to heal (dehiscence) requiring further treatment. It is common to notice some mild redness, bruising, swelling, numbness, tingling or a burning sensation in and around the wound whilst it heals.

Rare
Fewer than 1 in 100

1. Blood clots (deep vein thrombosis or pulmonary embolus)

   Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and swelling in the calf or thigh, and are more likely to occur after a procedure or operation, when people tend to move around less.

   These clots can occasionally also travel from the legs to the lung (pulmonary embolus) and can cause problems with breathing. Clots in the leg or lung require treatment such as with blood thinning medications.

   Getting moving early after treatment reduces your risk of clots.

   You may be advised to wear compression stockings or calf compression pumps and have blood thinning injections following treatment to help reduce the risk of clots. This depends on the treatment you are having and your medical history.

Late risks in the months or years after surgery

Common
More than 1 in 20

1. Recurrence of hernia

   A hernia can recur despite treatment and may need further intervention. Some of the factors that make recurrence more common after an inguinal hernia repair include having a wound infection during recovery, doing heavy lifting during the first weeks after surgery, obesity, smoking and having a chronic cough.

2. Chronic pain

   Chronic pain is a term for pain that has lasted for a long time, over a period of several weeks or months. Referral to a pain specialist may be appropriate, and there are several treatments that can help, including painkillers, pain procedures, as well as exercise and behavioural therapies.

Less common
Fewer than 1 in 20

1. Numbness

   Numbness is the term for reduced touch sensation of the skin and may also include reduced sensation of pain or temperature. It is often temporary but can be permanent.

Rare
Fewer than 1 in 100

1. Mesh migration or erosion

   The surgical mesh, made from a type of plastic (polypropylene), can move from its original position (mesh migration) or damage nearby tissue. Mesh erosion is when the mesh damages this nearby tissue and erodes (breaks through) the tissue or skin around it. These complications will often require treatment, such as treatment with antibiotics if there is evidence of infection, or surgery to remove, replace, or reposition the mesh.

2. Mesh infection has a 1 in 500 chance.

A mesh infection is when the surgical mesh - a sheet of a type of plastic, or the tissue around the mesh becomes infected. The mesh will often need to be removed as these infections are very difficult to treat with antibiotics alone.

Post op information:

You will be able to go home on the same day but you MUST have a responsible adult to drive you and stay with you for the first 24 hours.

You should not drive until you feel comfortable to do so. We advise that you do not drive for at least 7 – 10 days post procedure. You must be confident that you can make an emergency stop (we advise that you check with your insurance company to make sure you are covered). The surgeon may advise longer if needed.

We will advise you on pain relief after your operation to keep you comfortable and you may be prescribed some. This would depend on your medical history and any other medications you might already be taking to make sure they do not interfere. It is also advisable for you to have some over the counter pain killers available in your medicine cabinet that you can use after your operation.

You may require time off work, if applicable to you. You can return to work when you feel strong enough. In case of heavy lifting, this should be avoided for 4-6 weeks after the operation or as advised by your surgeon.

The wound will be closed with dissolvable stitches. The operation site will be covered with a dressing and we will advise you of when you can shower on discharge as this can vary (usually between 48 – 72 hours). It is common for a light waterproof dressing to be applied which is removed 5 days post procedure. In some incidences, an additional bulky pressure dressing will be applied.

You will be telephoned the next working day after your operation to see how you are getting on. You will not routinely receive a follow up face to face appointment and you will be discharged back to your GP.

STUDENTS

We are a teaching and training practice. Sometimes medical students or doctors in training may wish to observe or participate in procedures or operations. They will always be supervised by a senior doctor and will only participate with your approval.
If you do not wish to be seen by trainees or students you are perfectly entitled to withhold your consent.