Umbilical Hernia Repair in Children

A Guide for Families

What is an umbilical hernia?

Umbilical hernias are commonly found in infants and children. An umbilical hernia is a bulge of intra-abdominal organs through an opening at the base of the umbilicus (belly button). This occurs when abdominal muscles fail to come together. The size of umbilical hernias varies from child to child. Many umbilical hernias close on their own by 3 to 4 years of age.

What are the symptoms?

Parents may notice a “bulge” of their child’s umbilicus. It is common for this bulge to get larger and become harder when your child cries or strains. This is because the pressure in the abdomen is increased, forcing the contents of the hernia out. Upon relaxation, the contents of the hernia are easily returned back into the abdomen, allowing the hernia to become soft again.

Very few complications are associated with having an umbilical hernia. However, parents should be aware of the possibility of an incarcerated hernia. This occurs when the contents of the hernia “get stuck” and cannot be pushed back into the abdominal cavity. If this happens, the blood supply may be impaired (strangulation) to the organs in the hernia sac. This can be an emergency.

If you see these signs contact your doctor or take your child to the emergency room:

- Pain from the hernia, discoloration of the hernia, and a hernia that cannot be pushed back into the abdominal cavity (when the child is relaxed) or a hernia looks different than before.

What is the treatment for an umbilical hernia?

It is generally recommended to wait for an umbilical hernia to close on its own. This occurs as the child grows and the abdominal muscles strengthen, closing the hernia off naturally. This usually happens by the age of 3 or 4 years, if not sooner. Techniques such as taping or strapping a coin on the umbilicus to close the hernia are not effective and are not recommended.

Surgery is not advised unless the hernia does not go away by the age of 4, becomes strangulated, or the hernia is very large and is therefore unlikely to close on it’s own. If your child requires abdominal surgery for a different reason, then the surgeon may repair the umbilical hernia during that operation.
What does an umbilical hernia repair operation involve?

Surgical correction of umbilical hernias is performed under general anesthesia. The operation is performed by a Pediatric Surgeon who has had special training in the management of surgically correctable problems in children. The surgeon will make a small incision under the belly button and close the hernia using stitches (sutures). After the operation there will be no stitches to remove because the stitches will be under the skin and dissolve on their own. Your child’s incision will be covered with small bandages called Steri-Strips®. The possibility of the hernia returning is very small.

How long will my child stay in the hospital?

After the operation, your child will be moved to the recovery area, and you can be with him or her while he or she is waking up. Some children are upset and confused as the anesthesia starts wearing off. This is temporary and not unusual. Generally, children will go home as soon as they are awake and able to drink liquids after the operation. If your child has other health problems, the surgeon may keep him or her in the hospital overnight to monitor his or her breathing.

How do I take care of my child at home after discharge from the hospital?

Pain:
Most children only need Motrin® or Tylenol® for relief of pain once at home. These medications should be taken only if needed and are given by mouth every four to six hours. If your child is still uncomfortable, please call our office.

Dressings:
You can remove the plastic dressing 48 hours after the operation. Your child can bathe with the “Steri-Strips” on. These will fall off on their own in a few days to a few weeks.

Swelling:
There will be some swelling at the incision. You will be able to feel a firm ridge under the incision that lasts several months. This is called a “healing ridge” and will go away with time.

Bathing:
Your child should bathe regularly 2 days after the operation.

Activity:
There are no activity restrictions.

Do I need to see the surgeon again after the operation?

One or two weeks after you arrive home from the operation a nurse from our office will call you to see how your child is doing. Please call our office if you are worried about how things are going after the surgery. Your child will need a follow-up visit with one of our surgeons about 1 month after your discharge from the hospital.

When do I call your office?

Call our office at (415) 476-2538 if your child is experiencing any of the following:
- Temperature of 101.5°F or higher
- Signs of infection at the incision site are: redness, swelling, pain, tenderness around the incision, and drainage from the incision.
- If your child is experiencing increased pain
- Any concerns you have about your child’s recovery

GLOSSARY OF TERMS:

Umbilical Hernia: A sac that comes through an opening in the abdominal wall ("umbilical ring") that fills with organs that are normally present in the abdomen.

Umbilical ring: An opening in the abdominal wall at the belly button.

Incarcerated: A condition in which an organ that has come through the inguinal ring becomes stuck in the hernia sac.

Strangulated: A condition in which the incarcerated organ loses blood supply if it is tightly trapped.

Reducing the hernia: Pushing the organ in the hernia sac back into the abdominal cavity.

Strapping: Placing a coin or tight bandage around the abdomen to hold the hernia sac in the abdominal cavity. This is not an effective method of treating an umbilical hernia because it does not help close the hole in the muscle.

Steri-Strips®: Small, white bandages that look like tape and are placed over the incision.