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UMBILICAL HERNIA REPAIR

Definition

Umbilical hernia repair is surgery to correct an umbilical hernia, a sac of abdominal tissue that protrudes through the umbilicus (belly button).

Description

A hernia is caused when the muscles of the abdomen develop a weak spot, or defect, through which abdominal contents can bulge out, or herniate.

General anesthesia is often used for hernia repair, but small hernias may be repaired with local anesthesia. An incision is made under the umbilicus. The hernia sac is identified and separated from the surrounding tissues and pushed back inside the abdominal cavity.

If the hernia defect is very small, it may be closed with strong non-absorbable sutures. If the hernia defect is larger, it should be closed with a piece of synthetic mesh.

Indications

Children:

Umbilical hernias are fairly common. Such a hernia is obvious at birth, as it pushes the umbilicus outward. This is more obvious when the infant cries and the increased pressure results in more visible bulging.

In infants, the defect is not usually treated surgically. In most cases, by age 3 the umbilical hernia shrinks and closes without treatment.

Umbilical hernia repair may be necessary for children for the following reasons:

- The hernia is incarcerated or strangulated (the tissue gets stuck pushed out).*
- The defect has not closed by 3 or 4 years of age.*
- The defect is very large or unacceptable to parents for cosmetic reasons.*

Adults:

Umbilical or para-umbilical hernias are relatively common in adults. They are more common in overweight people and in women, especially after pregnancy. Most surgeons recommend they be surgically repaired, as they tend to get bigger over time.

Without surgical repair, there is a risk that some abdominal contents, typically a bit of fat or intestine, will get stuck (incarcerated) in the hernia defect and become impossible to push back in, which is typically painful. If the blood supply is compromised (strangulation), the patient requires urgent surgery.

Incarcerated abdominal tissue may cause nausea, vomiting, and abdominal distension.

Any patient with a hernia that cannot be reduced, or pushed back in, while lying down and relaxed should seek urgent medical attention.

Risks

Risks for any anesthesia include the following:

- *Reactions to medications*
- *Breathing problems, pneumonia*
- *Heart problems*

Risks for any surgery include the following:

- *Bleeding*
- *Infection*

Risks specific to umbilical hernia surgery include injury to bowel, which is rare.

Expectations after surgery

Expect successful repair of the hernia. The long-term prognosis is excellent. Very rarely the hernia will recur. Recurrence is more common if a larger hernia (more than 3 cm) is repaired without a mesh.

Convalescence

Most umbilical hernia repairs are done on an outpatient basis, but some may require a short hospital stay if the hernia is very large. After surgery, the patient's vital signs are monitored and he or she will remain in the recovery area until stable. Medication is supplied for pain as necessary. Patients, or parents if the patient is a child, are taught to care for the incision at home. Full activity can be resumed in 2-4 weeks.

Kindly make arrangements with the office of Dr WP de Beer to obtain a medical certificate(sick note), if required.

NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.