



Umbilical or paraumbilical hernia repair

Informed consent: patient information

1. What are umbilical or paraumbilical hernias?

A hernia is a protrusion, bulge, or projection of an organ or part of an organ through the body wall that normally contains it. An umbilical hernia occurs because of a defect in the muscle of the abdominal wall in the region of the umbilicus (belly button). A direct or true umbilical hernia consists of a symmetric protrusion through the umbilical ring and is seen in neonates or infants. Paraumbilical hernias protrude above or below the umbilicus and are the most common type of umbilical hernia in adults.

Umbilical hernias are typically small with a narrow neck, a configuration that increases the risk of strangulation and incarceration. Omentum or preperitoneal fat, small bowel, and colon can be found within the sac. Common symptoms are bulge on the abdomen, especially when coughing or straining and pain or pressure at the umbilicus.

Umbilical hernias that are so small and asymptomatic that the patient is not even aware of their presence do not require repair and can be observed. Clearly if the hernia becomes uncomfortable or if there are signs of strangulation then a repair is advisable without undue delay.



2. What do I need to know about this procedure?

The repair is usually done as an open procedure with a horizontal or “smiley” incision made just below the umbilicus itself. It involves reducing the hernia contents back into the abdominal cavity and repairing the defect with mesh. Mesh is made of synthetic material such as polypropylene and placed underneath the muscle to reinforce the defect to reduce recurrence rate. Defects smaller than 1cm can be repaired with simple sutures only. The umbilicus is then reconstructed by attaching the skin down to the fascia and the wound is closed with absorbable sutures that do not need to be removed. The procedure usually takes less than an hour.

Laparoscopic (Keyhole) technique is not usually necessary but may be advantageous in a large hernia defect (>4cm), suspicion of multiple defects, and obesity.



3. The anaesthetic

This procedure will require a **general anaesthesia**.

4. What are the benefits of having this procedure?

You should no longer have the hernia. Surgery should prevent the serious complications that a hernia can cause and allow you to return to normal activities.

5. What to expect after the procedure?

- You should be able to **go home the same day**. You will need someone to drive you home. You may have some side effects from the general anaesthetic such as a headache, nausea or vomiting, which can be controlled with medicine.
- You will experience some pain in your abdomen when local anaesthetic wears off. You will need to take some simple analgesia such as paracetamol or ibuprofen and continue these on a regular basis for the first 1-2 days.
- The wound will be closed with dissolvable stitches and covered with waterproof island dressing. You can have shower the day after the surgery. Keep the dressings intact for a week unless they are heavily stained with seepage.
- If the wound becomes red, painful, and swollen please contact Dr Woo's office or your GP. A short course of oral antibiotics may be necessary.
- You will feel tired for a few days after surgery. Take things easy and return to normal duties as you feel able to. It takes about 14 days to recover. **Do not lift heavy weights (more than 10 kg) for at least 4 weeks** after surgery.
- You will have a follow up appointment with Dr Woo in 3-4 weeks.

6. What are the general risks of this procedure?

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

7. What are the specific risks for this procedure?

- Developing a collection of blood (haematoma) or fluid (seroma) under your wound
- Infection of the mesh
- Hernia recurrence (0-3%)