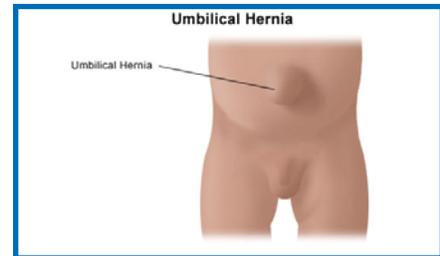


Umbilical Hernia

An umbilical hernia is a protrusion of the navel or belly button. Sometimes referred to as an “outy,” the hernia may contain abdominal contents such as fat or intestine. About 80% of umbilical hernias will close on their own by the time the child is two years old. Occasionally, large umbilical hernias, or those with a wide base, will not close on their own and should be repaired before the child reaches the age of two, or earlier if there are symptoms.



Umbilical hernias, unlike inguinal hernias, do not present a major risk of incarceration (the intestine becomes stuck in this space) and can be repaired prior to the child entering school. If the hernia becomes incarcerated, there may be pain at the site and vomiting. If gentle pressure applied while the child is lying down does not reduce it, please contact us immediately.

Hernias should be repaired before children start school since the child may be excluded from sports if these hernias are discovered during a physical exam.

How common is an umbilical hernia?

Umbilical hernias are one of the most common conditions infancy and childhood. The true incidence is unknown because many resolve spontaneously.

Is an umbilical hernia dangerous?

Umbilical hernias don't often incarcerate and do not represent an emergency. They should be evaluated immediately if they cannot be reduced or if there is associated pain and vomiting.

How is an umbilical hernia treated?

Umbilical hernia repair involves a short operation, usually performed on an outpatient basis. Your child will be scheduled for surgery from our office. Anesthesia requirements include a period of not eating or drinking before the operation. The duration will depend on your child's age.

Your child will undergo a general anesthetic which will put him or her completely to sleep and prevents the sensation of pain. The full risks of anesthesia will be further explained by your child's anesthesiologist.

The operation consists of making an incision near the belly button, usually underneath. The repair is accomplished by placing stitches on both sides of the hole (the hernia) to bring the edges together. The belly button is then tacked down to make it look like an “inny.” Excess skin is often left in place because over time, this results in the best cosmetic appearance. Usually, a dressing is placed over the site which can be removed in four to five days. Surgical glue may also be used to cover the incision. Your child can take a shower but should wait seven days before bathing in a tub.

What happens after the operation?

Once the operation is completed, your child will be taken to the recovery room where monitoring will continue for a short period. This is done to assure that waking up from the anesthetic is done safely. You will be able to go to this area so that waking up is less scary for your child.

Your child may resume all activity after the follow-up visit, which is usually two to three weeks after the surgery. This allows for the repair to become a bit stronger before heavy stress is placed on the repair.

Pain management consists of a local injection which helps numb the site for six to eight hours and then oral pain medication such as Tylenol.

When do we need to come back?

Patients should be seen two to three weeks after the operation to evaluate the incision. There are no stitches to remove. There is no need to come back to the office unless specific problems are identified during the first follow-up visit.

Can an umbilical hernia come back?

The risk of recurrence is very low and depends on the initial care of the repair site. It is important to avoid infection and strenuous activity until the first follow-up visit.

To schedule a consultation with a CHOC Children's pediatric surgeon, please call 714-364-4050.

