

Your child's umbilical hernia repair

This leaflet is about your child's procedure to repair an umbilical hernia (a lump in or near their belly button). It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need an umbilical hernia repair?

During pregnancy, the umbilical cord passes through an opening in the baby's tummy (abdomen). This tube connects the unborn baby to their mother. The baby gets food and oxygen through the umbilical cord.

The opening in the baby's tummy for the umbilical cord usually closes after birth. Sometimes, however, it stays open for longer. This leaves a weak spot in the muscle wall of the tummy (abdominal wall). The contents of your child's tummy can then push (bulge) through the weak spot and cause a lump in the belly button. This lump is called an umbilical hernia.

The lump typically comes and goes as the contents of your child's tummy move in and out of the hernia. This can look unusual, but is not dangerous by itself.

Sometimes, fatty tissue from the tummy or part of the bowel can get stuck through the opening. This is called a strangulated hernia. It happens very rarely, but is an emergency. A strangulated hernia can cut off the blood supply, block the bowel and make children very unwell.

Most umbilical hernias close naturally without the need for an operation. If your child's hernia still has not closed when they reach 4 years old, we may recommend surgery. The aim of the procedure is to repair the umbilical hernia and prevent future complications.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache.

If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, the surgeon makes a small cut through the skin at your child's belly button. This reveals the hernia underneath. The surgeon uses strong stitches to close the edges of the opening back together and repair the hernia.

Lastly, the surgeon seals the skin wound with dissolvable stitches or glue. They sometimes cover the wound with a large pressure dressing.

Are there any other treatment options to this procedure?

Some umbilical hernias eventually close on their own, even after a few years. If your child does not have any symptoms, you may choose to watch and wait. This is when you closely monitor your child's hernia without them having any treatment unless or until symptoms appear.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The main risks of umbilical hernia repair are:

- the hernia returning
- bruising
- the belly button looking different from how you would expect, with some loose skin. This usually settles within a few months or years as your child grows
- infection

The repaired hernia can be bruised and sore after the procedure. Sometimes, a collection of fluid (seroma) can build up under the wound. There is a very low risk of damage to the digestive (abdominal) organs.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

After the procedure, your child may have a large dressing over their belly button to reduce bruising. There will be a small scar at the belly button.

If your child had a big hernia and the skin has been stretched, their belly button may look larger and baggier than usual. This settles with time.

Will my child be in pain after their procedure?

Your child may have some pain around the belly button and a sore throat.

During the procedure, we give your child:

- painkillers, including paracetamol
- fluids
- anti-sickness medicines
- a local anaesthetic medicine around the wound to make the area numb for several hours

We give your child paracetamol and ibuprofen regularly while they are with us. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink after their procedure?

Your child should be able to eat and drink as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Usually, the surgeon comes to see your child after their procedure. If the procedure was straightforward, they may give permission for the nurses to send home (discharge) your child. This avoids keeping you waiting until the surgeon has finished all the cases on their operating list.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's wound after their procedure?

If we have put a pressure dressing over your child's wound, we will ask you to remove this in 2 to 3 days. You need to keep the area clean and dry while the dressing is in place. When the dressing is removed, you can wash the wound with water and your child can have a bath or shower as usual.

How can I manage my child's pain after their procedure?

We recommend giving your child paracetamol and ibuprofen regularly for 5 days after their procedure. Please remember to buy these medicines before the day of your child's operation. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

Your child's belly button may be a little sore and bruised after the procedure. This gradually settles in the next couple of days.

Ask for an urgent GP appointment if:

- the area becomes more swollen
- redness is spreading on your child's skin (this may be slightly harder to notice on brown or black skin)
- there is leaking fluid (discharge) or pus (a yellow-green liquid) from the wound
- the area around the wound is hot to touch

These may be signs of an infection.

Contact us and go to your nearest emergency department (A&E) if your child:

- has pain in the tummy (abdominal pain) that is getting worse
- has a swollen tummy (abdominal distention)
- is being sick (vomiting)
- has a high temperature (fever)

Do you see my child again after their procedure?

We do not routinely see children again after a procedure to repair an umbilical hernia.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns between 7am and 9pm** about your child's surgery, call the children's day surgery unit, **phone** 020 7188 5300

If you have any **concerns between 9pm and 7am** about your child's surgery, call the Savannah ward through the main switchboard, **phone** 020 7188 7188

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time (for example, they are bleeding from the mouth or nose), go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



Leaflet number: 5398/VER1

Date published: June 2023

Review date: June 2026

© 2023 Guy's and St Thomas' NHS Foundation Trust
A list of sources is available on request