NorfolkSurgery
Upper Gastrointestinal Surgery

Umbilical & Femoral Hernia
Information Sheet

Umbilical & Femoral Hernia

This information sheet provides information on surgery to repair common types of Hernia including Umbilical, Epigastric and Femoral Hernia Repair

What is a Hernia?

A hernia is an abnormal protrusion through a weakness in the abdominal wall in the groin region. The protrusion consists of a sac, which can be empty or contain loops of bowel or fat.

At the start of the trouble you may have noticed a sudden pain in the area of the lump; followed by the development of swelling in that area, either immediately or over the next few weeks. The lump may disappear on lying flat or may be pushed back only to reappear on standing, coughing or straining. It can cause discomfort and tends to increase in size with time.

Umbilical Hernia or Paraumbilical Hernia

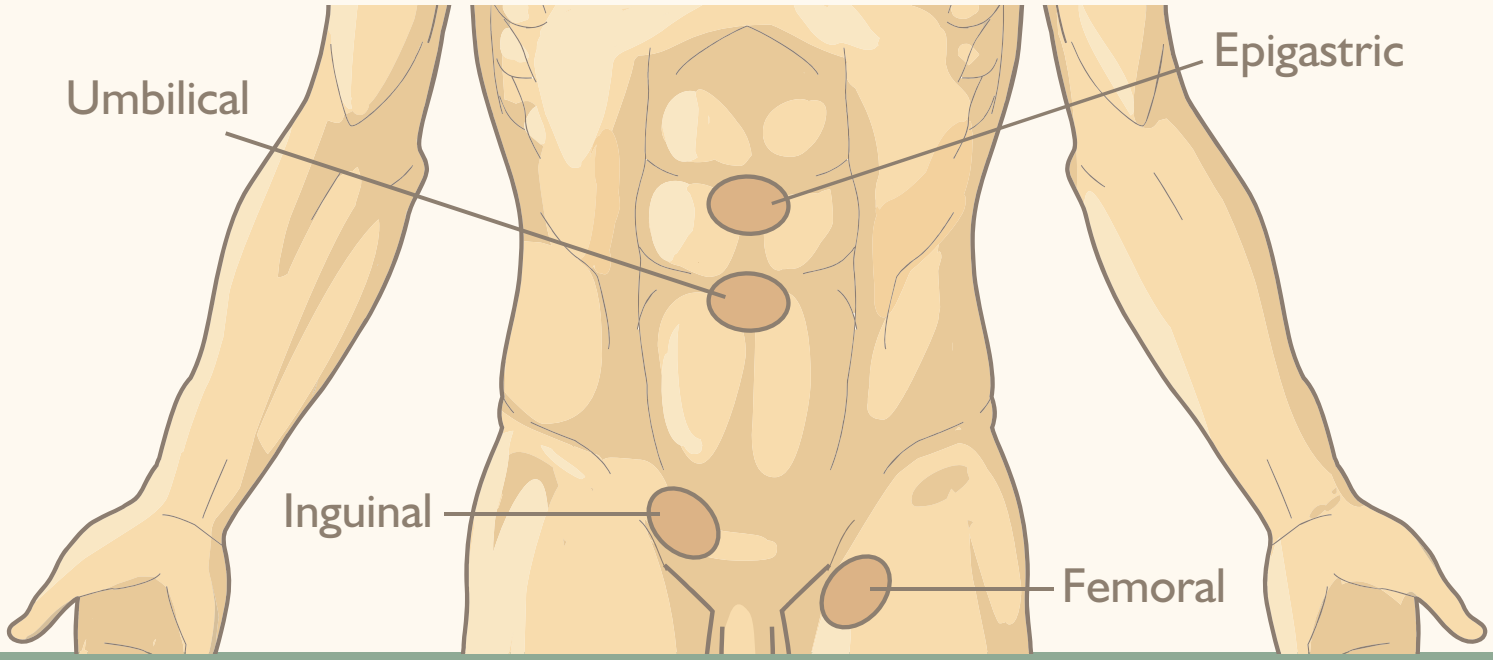
This is a hernia next to the belly button. The hernia can either be above or below the belly button and usually pushes into it. This is a very common site for a hernia as it is one of the weakest or thinnest parts of the abdominal wall.

Epigastric Hernia

An epigastric hernia is usually a small pouch or sac of fat that pops out in the midline between the breast bone and the belly button. If it gives no symptoms and is not too obtrusive it can be left alone safely.

Femoral Hernia

The femoral canal through which a femoral hernia passes is the channel containing the bloods vessels and nerve supply for the leg, and it is a potential weak spot. If a weakness already exists or a tear has occurred at the origin of the femoral canal then abdominal contents, usually loops of bowel or fatty tissue is forced out through the femoral canal. Pregnancy may also be a contributing factor; in fact femoral hernias are more likely to occur in women than men and rarely occur before puberty.



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What causes a Hernia?

An inguinal hernia can be congenital as when a baby is born with a hernia or the weakness can develop later in life by straining the muscles of the abdominal region e.g. when gardening, lifting heavy objects or during sport. It is also common that people don't remember the actual trigger activity.

What does treatment/management involve?

The ideal treatment for most hernias is surgical repair. This is done as a day case procedure. Occasionally, because of medical reasons, it may be decided that a hernia repair is not advisable. Many patients wish to have a hernia repaired because they are increasing in size, becoming more unsightly and uncomfortable.

What would happen if the Hernia were not treated?

Quite often, if a hernia gives no symptoms, it is perfectly acceptable and safe to leave it alone without an operation. However there is a small risk that the weakness in the muscle wall could enlarge; more of loops of bowel could protrude through into the pouch causing the hernia to get larger, unsightly and uncomfortable. If the hernia becomes irreducible (unable to be pushed back) blockage of the bowel may occur, which causes vomiting and abdominal pain. If you experience any of these symptoms you should contact your doctor immediately as you may require an emergency operation.

Surgical Repair

Surgical repair may be carried out under a general anaesthetic or under local anaesthetic. If repair is carried out under local anaesthetic a sedative is given into a vein to help you relax during your operation. Local anaesthetic is then injected in and around the area that is going to be operated on so that you do not feel any pain. You will feel some pressure around the area but gener-ally it is a procedure with minimal discomfort.

The incision is usually over the site of the swelling. The pouch (hernia sac) is first dealt with and the weakness in the abdominal wall is strengthened. This is usually done by stitches or sometimes by stitching a patch of inert plastic mesh over the weakness. The wound will be closed using a dissolvable suture. The skin wound will be sealed within 48 hours after which time you may remove the dressing and take a bath or shower.

What should you expect after the surgery?

Some swelling or bruising around the wound site is not unusual and there will be some discomfort and tenderness where the incision has been made. One can often feel a hard 'rope' underneath the wound that takes sev-eral weeks to disappear.

The suture usually starts to dissolve after a couple of weeks- during this time you may see tiny pustules along the wound which disappear quite quickly. The ends of the suture may show at the margins (like a tiny white cotton thread). Again do not worry about this.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- Increasing pain, redness, swelling or discharge of the wound
- Persistent bleeding
- Difficulty in passing urine
- High temperature
- Nausea or vomiting

It is important that you try to walk normally from the first opportunity and overcome the stoop which comes naturally from having an operation in that region of your body. Simple pain killing tablets will help relieve most of the discomfort (such as paracetamol or ibuprofen). It is often sensible to walk for 30 minutes every day to aid this.

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Avoid lifting and don't drive for 5 days

It is usually advisable not to put excessive stress on the operated area for 2 weeks after the operation, although progressive activity is encouraged. This means avoiding lifting heavy weights until the wound is properly healed. It is not wise to drive for at least 5 days, some people feel they need a little longer. Usually if you can get out of the bath without any discomfort and/or requiring assistance you should be safe to drive. However, please check with your insurance company, as policies may vary.

It is important to avoid constipation and straining when you go to the toilet to open your bowels. Take plenty of fibre in your diet and drink plenty of fluids. If you find you continue to have difficulty with your bowels on your return home from hospital seek advice from your GP.

You may resume sexual relations as soon as this feels comfortable.

If you require a sick certificate for work please ask a member of staff before discharge. If you work does not involve heavy lifting or violent exercise, then a return to work could be as soon as 1 week. If it does, then it is safer to wait for a further 2-4 weeks. If this advice is not heeded, the repair could break down and the hernia will recur.

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge.

Useful contacts for further information

If you have any queries prior to the procedures outlined and its implications to you or your relatives/ carers, please contact the Surgical Pre-Admission Assessment Clinic on 01603 287819.

If you have any queries following your surgery please contact the ward from which you are discharged, via the main hospital switchboard on 01603 286286.

NHS Direct
Tel: 0845 4647
Web address: www.nhsdirect.nhs.uk

British Association of Day Surgery
35-43 Lincolns Inn Fields, London, WC2A 3PE
Tel: 0207 9730308
Web address: www.daysurgeryuk.org

For help Giving Up Smoking
NHS Smoking Help-line 0800 169 0169 or contact the local service 'CIGNIFI-CANT' run by Norfolk Health Authority NHS 0800 0854113

This sheet describes a medical condition or surgical procedure. It has been given to you because it relates to your condition, it may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.