Let's Talk About ...

Umbilical hernia

An umbilical [um-BILL-ih-kul] hernia is a bulge in the belly muscle at the belly button. There may be intestine, fat, or fluid inside the hernia. These can push through the belly opening if your baby is gassy, colicky, constipated, coughing, or crying a lot.

What causes an umbilical hernia?

An umbilical hernia occurs when the opening in the belly where the umbilical cord (tube connecting the baby to the mother in the womb) passed through doesn't close completely. This is behind the belly button, which is left after a baby's umbilical cord falls off naturally.

Even if the bulge is very large, it usually disappears when your child relaxes and there is less pressure inside the belly. Some babies have a hernia for many months, and then it closes on its own.

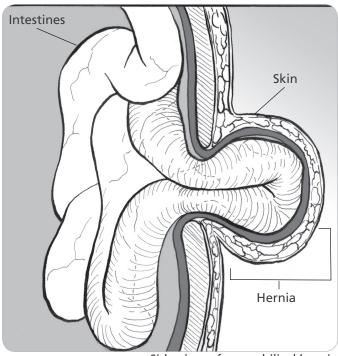
Is an umbilical hernia serious?

An umbilical hernia will often go away on its own after a little while. However, an incarcerated [in-CAR-sir-AIT-ed] umbilical hernia can be serious. This occurs when the intestine or fat does not go back into the belly wall and becomes trapped inside the hernia.

Signs of an incarcerated hernia include:

- A hard and tender bulge
- A bulge that looks red or purple
- Severe abdominal pain
- Vomiting (especially lime-green vomit)

If your child has signs of an incarcerated hernia, take them to the emergency room right away.



Side view of an umbilical hernia

Does my child need surgery for an umbilical hernia?

Your child does not usually need surgery if they're younger than 3 to 4 years old, because the hernia may close on its own. Your child may need surgery if:

- Their hernia is so big that the surgeon doesn't think it can close on its own (even if your child is younger than 3 to 4 years old)
- They are older than 3 to 4 years old (the hernia will probably not close on its own at this age)
- The hole in the belly muscle is more than an inch wide
- The bulge in the skin sticks out more than a couple inches
- They have an incarcerated umbilical hernia

What happens during umbilical hernia surgery?

If your child needs surgery to repair an umbilical hernia, the healthcare provider will:

- **1** Make an opening near the belly button where the belly is bulging
- **2** Push the intestines back through the belly wall
- **3** Close the opening with stitches

The surgery usually lasts about an hour, and your child can often go home the same day.

What should I feed my child after surgery?

After your child wakes up from surgery, they can start to drink clear liquids, which are easy to digest, including:

- Pedialyte
- Water
- Apple juice
- Gatorade
- Ice pops
- Plain gelatin

Most babies can take a bottle or breastfeed. After your child goes home, they can eat a normal diet. Start with soft, easy-to-digest foods. Avoid high-fat or greasy foods like hamburgers and pizza for 24 hours after surgery.

What should I do about nausea and vomiting?

Anesthesia (the medicine that makes your child sleep during surgery), car motion, and pain medicine can cause nausea (feeling like vomiting) for 24 hours after surgery. To prevent nausea and vomiting:

- Encourage your child to lie still and not move around a lot.
- Wait 30 to 60 minutes if your child vomits before trying clear liquids.
- Slowly give your child normal food if they can handle clear liquids.

If your child vomits all the time or for several hours, call their healthcare provider.

How do I know if my child is dehydrated?

Dehydration means your child doesn't have enough fluid in their body. Signs of dehydration include:

- Dark yellow urine (pee)
- A dry mouth (no spit)
- Chapped lips
- A sinking soft spot on a baby's head
- Fewer wet diapers

If you notice any of these signs, give your child more to drink. They should be peeing normally by 24 hours after surgery. A baby should have 6 to 8 wet diapers in 24 hours, and an older child should pee every 3 to 4 hours.

How can I help my child manage pain?

To help your child manage pain, you can give them Tylenol (acetaminophen) every 4 to 6 hours or Advil (ibuprofen) every 6 hours. If you're not sure how much medicine to give your child (this depends on their size), ask their nurse or doctor. Don't wake your sleeping child to give them medicine.

Some children can tell you about their pain, but a younger or developmentally delayed child may not be able to. A child in pain may moan, cry, and be irritable. They may also not want to move, eat, or sleep.

Comfort your child and listen to their concerns. You can also hold or talk to your child, position them so there's less pressure on the surgery site, and provide comfort, like a favorite blanket or movie.

How should I care for the surgery site and dressing?

Wash your hands before touching or cleaning the healing area, and keep the surgery site as clean and dry as possible. If there is a dressing, it can come off 2 days after surgery.

If your child has Steri-Strips (small pieces of tape covering the incision), they usually fall off by themselves 10 to 14 days after surgery. It is okay to remove them after 2 weeks. Waterproof glue over their incision will peel off by itself, usually 7 to 10 days after surgery.

How much drainage is normal?

Some blood staining on the small dressing or Steri-Strips is normal. It should stop 24 hours after surgery. If the blood is dry and not spreading, it is not a problem. If the blood seems fresh, the amount of blood is increasing, or the paper tape is blood-soaked, apply gentle pressure with a clean, dry washcloth for about 10 minutes or until the bleeding stops. Then call your child's surgeon for further help.

When can my child take a bath or shower?

Your child can have a sponge bath or shower 2 days after surgery. They should not bathe or swim for 7 days after surgery.

How active can my child be?

Anesthesia and prescription pain medicine can cause balance problems, so your child should avoid riding a bike or scooter, playing on playground equipment, or other activities that require balance right after surgery. Watch them carefully to make sure they don't fall. Teens should not drive a car or ATV while taking medicine.

Have your child do light activity until their follow-up visit with the doctor (schedule this 2 weeks after surgery). Ask your child's doctor when they can return to school.

What is normal behavior after surgery?

It is normal for children to act differently after surgery. Your child may act like a younger child (wet the bed or be fussy), change sleeping and eating patterns, or have bad dreams. Most changes only last a few days to 2 weeks. If they last longer than 3 to 4 weeks, call your child's doctor. You can help reduce these changes by being patient with your child.

When should I call my child's doctor?

Call your child's doctor if your child is dehydrated or vomiting for several hours or has:

- A fever higher than 101°F (38°C)
- Increased drainage from the surgery site or swelling
- Bleeding from the surgery site
- Diarrhea or constipation
- Pain or won't calm down no matter what you do

If your child has chest pain or trouble breathing, take them to the emergency room or call 911.

If you have questions about your child's umbilical hernia or their surgery, call your child's healthcare provider. If you can't reach the office, call the Primary Children's Hospital operator at 801.662.1000 and have them page the surgery clinician on call.

The following table lists the possible benefits, risk, complications, and alternatives of umbilical hernia surgery. Talk with your child's doctor to determine if surgery is right for your child.

Benefits	Possible risks and complications	Alternatives
The benefits of surgery may include: • Pain relief • A flat stomach with no bulge • A much smaller risk of small intestine infection	The risks of umbilical hernia surgery are rare but may include: • Infection • Problems with anesthesia • Small intestine injury • Blood clots	If your child is younger than 3 to 4 years old and does not have an incarcerated hernia, they may not need surgery (or may be able to delay surgery). However, there is no alternative if your child has an incarcerated hernia.

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