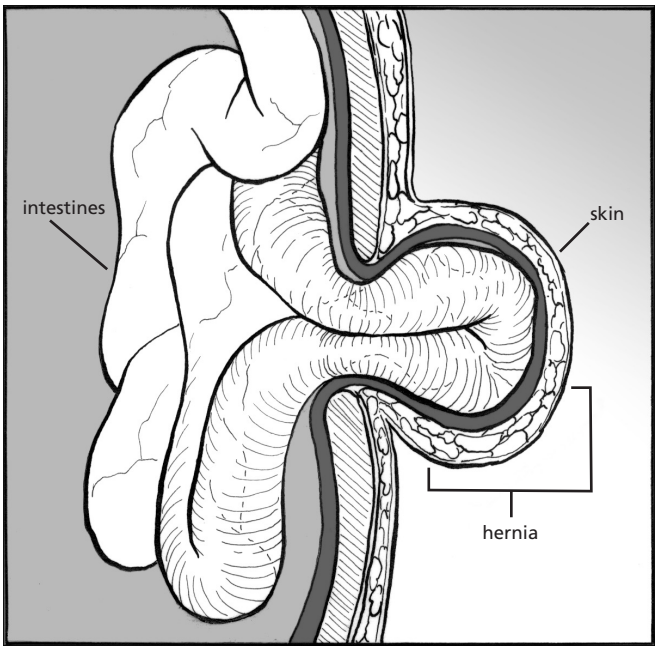
Let's Talk About...

Hernia, umbilical

An **umbilical** (um-BILL-ih-kul) **hernia** is a bulge in the muscle of the belly, at the belly button. There may be intestine, fat, or fluid inside the hernia.

The belly button is what is left after a baby's umbilical cord falls off. Before birth, the umbilical cord contains blood vessels that connect a baby to the mother's blood vessels. It is a baby's lifeline. After birth, the umbilical cord is cut, but a little part stays attached to the baby. The small part of the umbilical cord dries up and falls off naturally. The blood vessels in that small part of the umbilical cord shrink away faster than the ring around them. The ring becomes the belly button. If intestines or fat inside the belly push through the ring, the baby has an umbilical hernia. (see picture).

Some babies have a hernia for many months but then it closes on its own.



Umbilical hernia: Side view of intestine pushing through opening

Why does the hernia bulge get big and what should I do?

The bulge in the skin sometimes gets big if the baby gets very gassy, colicky, or constipated, or coughs or cries a lot. Even if the bulge is very large, it usually disappears when the child relaxes and there is less pressure inside the belly. This is because when there is less pressure the intestine, fat, or fluid goes back inside.

A piece of intestine or fat might get trapped inside the hernia. If a piece of intestine or fat gets completely stuck inside the hernia the hernia will feel hard and tender, and might look red or purple. This does not happen often. This is called **incarceration** (in-CAR-sir-a-shun). It is very rare but if it happens take your child to the emergency room right away. The doctors there will tell you what your child needs.

Does my child need surgery?

- **Children younger than 3–4 years:** The surgeon usually will not recommend surgery for infants or children younger than 3–4 years. This is because the hernia might close on its own. Occasionally a child younger than 3 years old may need surgery because the hernia is so big the surgeon does not think it can close on its own.
- **Children older than 3–4 years:** Children who are more than 3–4 years old who still have an umbilical hernia may need surgery. This is because the hernia will probably not close on its own after you are this old.
- **Other reasons why a child might need surgery:** The surgeon may recommend early

surgery if the hole in the muscle is more than an inch wide or if the bulge in the skin sticks out more than a couple of inches.

After Surgery

Your child has had surgery to fix an umbilical hernia. An umbilical hernia happens when part of the intestine pushes through a weak part of the belly at the belly button.

Diet

What should I feed my child after surgery?

After your child wakes up from surgery, he will start to drink clear liquids. These are easy to digest. Some examples of clear liquids include:

- Pedialyte®
- Water
- Apple juice
- Gatorade®
- Popsicles®
- Plain Jell-o®

Most babies can take a bottle or breast-feed. After your child is sent home from the hospital, he may eat his normal diet. Start feedings with soft, easy to digest foods. Do not feed him high fat or greasy foods like hamburgers and pizza for 24 hours after surgery.

What should I do about nausea and throwing up?

Anesthesia may cause your child to feel nausea (feels like he is going to throw up) and he may throw up for 24 hours after surgery. Sometimes car motion or pain medicine causes nausea. Encourage your child to lie still and not move around a lot. This will help. If he has nausea and throws up, feed him clear liquids again, and then slowly give him normal food. Wait 30–60 minutes for his stomach to calm down, then start to feed him clear liquids. It is very important for him to drink after surgery so he gets enough water in his body. It is ok if he doesn't eat food for a day or two, though. If he vomits all the time or vomits for several hours, call your child's doctor for instructions.

How do I know if my child is drinking enough?

After surgery, your child will have less fluid in his body. It is important for him to drink enough fluid. You can tell if he has not drunk enough if he has dark yellow pee, a dry mouth (no spit), or chapped lips. In babies who do not have enough fluid in their bodies, when you sit them up, the soft spot sinks down. If any of this happens, give your child more to drink. He 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 6 to 8 hours.

Pain

How can I tell if my child is in pain?

We want your child to be comfortable. Some children can tell you about their pain. Other ways to tell are: moaning, whimpering, crying, being irritable, not being active and not wanting to eat or not sleeping. It is important to comfort your child and listen to his concerns.

How can I help with my child's pain?

You can give your child the pain medicine your child's doctor ordered. You can also position your child so there is less pressure on the site where he had surgery. Other ways to help with pain are to hold or talk to your child or provide "comfort measures" like a favorite blanket or movie.

What medicine does my child need?

You can give your child Tylenol® (acetaminophen) every 4–6 hours for pain, and Motrin® (ibuprofen) every 6 hours. These are over-the-counter medicines (you don't need a doctor's prescription). If your child is sleeping, do not wake him up to give him medicine. Older children (2 years and above) sometimes need Tylenol® with Codeine or Lortab®, which are stronger pain medicines. If your child's doctor orders Tylenol® with Codeine or Lortab®, you may give it every 4–6 hours as needed. Lortab®

and Tylenol® with Codeine both contain Tylenol®, make sure you are not giving over- the-counter Tylenol® (acetaminophen) with these prescription medicines. Your child's size determines how much medicine you give your child. Make sure to ask your child's doctor or nurse about the safe amount to give to your child.

Wound Care

How should I care for the surgery site and dressing?

The surgery site may be covered with a small dressing. Under that, there may be steri-strips (small pieces of tape). Wash your hands before touching or cleaning the healing area. Keep the dressing and surgery site as clean and dry as possible. The small dressing may come off 1 day after surgery. Most often the steri-strips fall off by themselves in about 7–14 days after surgery. You can help remove them when they start to peel off.

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 amounts of blood is increasing, or if the paper tape is blood soaked, use 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.

Bathing and Showering/Activity

When can my child take a bath or shower?

Your child can have a sponge bath 2 days after surgery. Do not put your child in water until 5 days after surgery. Your child can bathe and swim 7 days after surgery.

How active can my child be?

Your child should only have light activity until the doctor sees him at the follow-up doctor visit. Your child received medicine so he would sleep during surgery. Because of this medicine, for the first day after surgery your child should not do anything that needs him to balance such as bike riding, playground equipment, or scootershw. When a child takes a narcotic for pain control such as Tylenol® with Codeine or Lortab® he can become sleepy or dizzy. Watch your child and don't let him fall. Driving a car or handling anything that calls for quick decisions may be dangerous for teens or young adults. Talk to your child's doctor about returning to school. In general, do not rush your child back to school.

What is normal behavior after surgery?

It is normal for children to act differently after surgery. Some examples include acting like a younger child (bed-wetting or acting out), changes in sleeping and eating patterns, or bad dreams. You can help reduce these changes by being patient with your child. Most of these changes only last a few days to two weeks. If they last longer than three to four weeks, call your child's doctor.

Calling the doctor...

When do I need to call my child's doctor?

- If your child has a fever more than 101 degrees (Fahrenheit)
- If drainage from the surgery site increases
- If swelling increases
- If there is bleeding
- If your child does not have enough fluid in his body. For example, if he is not drinking, has a dry mouth, has fewer than 6–8 wet diapers in a day, does not have tears
- If your child vomits all the time or vomits for several hours
- If your child has diarrhea or is constipated
- If your child has or pain or he won't calm down no matter what you do for him
- If you child has chest pain or shortness of breath: **Go to the Emergency Room or Call 911**

Who should I call if I have questions?

- If you have any other questions or problems about the surgery, please call your doctor's office.
- If it is an emergency, go to the nearest Emergency Department or call 911.
- If you are unable to contact the surgeon or resident, call Primary Children's Same Day Surgery Department at 801.662.2822.

When should I take my child back to see the doctor?

Please call your doctor's office to make an appointment to have your child seen 2 weeks after surgery.

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Pediatric Education Services, 801.662.3500 | Rev. 04/11, LTA520408222 | *Available in Spanish*