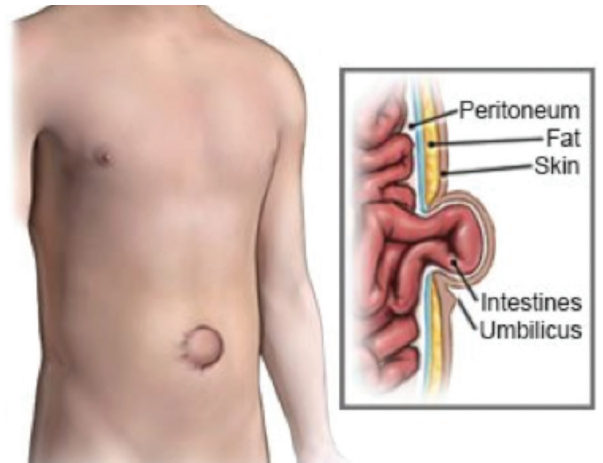


UMBILICAL HERNIA REPAIR Overview

What is an umbilical hernia?

- An umbilical hernia occurs when a defect in the strength layer in the abdominal wall develops a small defect that allows fat or abdominal organs to protrude beneath the skin.
- The umbilicus is a natural weak point in the abdominal wall, and prone to hernia formation.



Umbilical Hernia

What sort of symptoms can I have from an umbilical hernia?

- Pain around the umbilicus
 - Can radiate throughout abdomen
- Fullness or noticeable bulge
- Burning sensation
- Nausea or vomiting

How are hernias diagnosed?

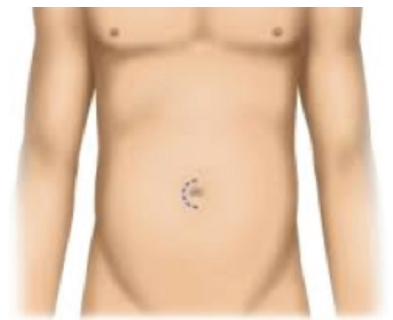
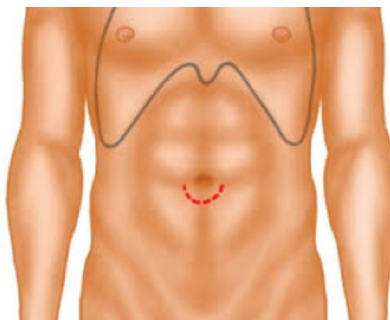
- Most umbilical hernias can be diagnosed by physical examination.
- Hernias can also be evaluated by ultrasound or CT scan if the diagnosis is not clear.
- Ultrasound or CT can also be utilized to identify whether or not the hernia contains the intestine.

I have an umbilical hernia. Should I have my hernia fixed?

- We typically recommend hernia repair if:
 - You are having pain or symptoms that limit your lifestyle.
 - The hernia is enlarging.
 - A small hernia contains the large or small intestine.
 - The overlying skin becomes red, starts to break down or drain fluid.
 - If the hernia becomes very painful, the overlying skin changes color and you feel sick, you may need an urgent hernia surgery.
- We typically do NOT recommend hernia repair in women interested in becoming pregnant with minimal or no symptoms related to their umbilical hernia. Stretching of the abdominal wall with pregnancy can cause hernias to come back.

Open Repair of Umbilical Hernia [Details and Instructions]

- Usually performed through a curvilinear incision either above or below the belly button.
- For larger hernias, a vertical midline incision may be used.
- The contents of the hernia are either returned to the abdomen or removed.



Revised 2.12.2026

- The size of the hernia defect dictates whether or not mesh is used:
 - For small hernia defects (<1cm), the defect can be sutured closed without mesh.
 - For larger defects (>1cm), a mesh is usually incorporated into the repair to reduce recurrence.
 - The mesh has a special coating on its surface to prevent it from sticking to abdominal organs.
- Risks of an umbilical hernia repair:
 - Bleeding
 - Infection (mesh or skin)
 - Breakdown of the umbilical skin (more common with larger hernias)
 - Damage to hernia contents (if intestine is present)
 - Hernia recurrence
- Incision is covered in water proof glue, and pressure dressing is applied.
- Depending on the size of the hernia and patient comfort, sometimes an abdominal binder may be worn.

POST OPERATIVE INSTRUCTIONS

- The procedure is a same day surgery, and usually takes 30-90 minutes.
- You must have a driver to bring you to and from the surgery center or hospital.
- A prescription for pain medication will be sent to your pharmacy electronically.
- You may also take 600mg of ibuprofen every 6 hours (ask your surgeon if this is OK based on your medical history). This can be alternated with the prescription medication so that you are taking something for pain every 3 hours.
- Ice packs may be applied to incision for 20 minutes at a time as needed to reduce swelling.
- On the DAY AFTER the operation, remove the top dressing (if present). The incision will be covered in water proof glue.
- You can shower normally on the day after the operation.
- Do not submerge your incision in water until the glue comes off, usually by 2 weeks after the surgery. (no pool, bathtub, etc.)
- Walking and going up and down stairs is encouraged after the operation for the first 1-2 weeks.
- **ACTIVITIES:** You may be asked to limit lifting and other activities for a while after surgery. Be sure to discuss this with your surgeon.
- If your job does not involve lifting, you may return in 1-2 weeks.
- If your job does involve lifting, you may return to work on a light duty basis (no lifting more than 15lbs) after 1-2 weeks.
- You may then return to work without restrictions in 4 weeks.
- Your follow up appointment should be scheduled for two weeks after surgery.
- Please call the office if you experience any of the following:
 - Fever > 101F
 - Bleeding
 - Excessive bruising
 - Drainage from the incision
 - Popping sensation and new abdominal bulge
 - Pain not controlled with medication
 - Nausea and vomiting not responsive to medications
 - Significant abdominal pain

If you have any questions at all, please call our office at **(615) 292-7708**. Someone will be available to answer the phone 24 hours a day, 7 days a week.

