Umbilical Herniorrhaphy

A herniorrhaphy is surgery to repair a hernia. A hernia is a gap or weakness in the muscles of your abdomen. Umbilical means that your hernia is in the area around your belly button. You might be able to feel a small bulge in your abdomen where the hernia is. You might also have pain or discomfort. If the hernia is not repaired, the gap could get bigger. Your intestines could get trapped in the gap. This can be painful. It also can lead to other health problems, such as blocked intestines.

BEFORE SURGERY

- Stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. Also stop taking vitamin E. If possible, do this two weeks in advance.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Do not eat or drink for about 8 hours before your surgery.
- You might be asked to shower or wash with a special antibacterial soap before the procedure.
- Wear clothes that will be easy to put on after the surgery.
- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- This surgery is usually an outpatient procedure, so you will be able to go home the same day. Less often people stay overnight in the hospital after the procedure. Ask your healthcare provider what to expect. Either way, make arrangements in advance for someone to drive you home. After an outpatient procedure, you should have someone stay with you overnight.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Other health problems.

THE SURGERY

Your procedure can be done with traditional surgery. The surgeon opens the abdomen and repairs the hernia. Or, sometimes it can be done with laparoscopic surgery. Then the procedure is done through multiple small incisions, using a camera to guide the repair. Talk with your surgeon about how the hernia will be repaired.

- The preparation:
  - You will change into a hospital gown.
  - You will be given an IV. A needle will be inserted in your arm. Medication can flow directly into your body through this needle.
  - You might be given a sedative to help you relax.
  - You may be given a drug that will put you to sleep during the surgery (*general anesthetic*). Or, your abdomen will be numbed, and you will be drowsy but awake (*local anesthetic*).
- For a traditional surgery (sometimes called open surgery):
  - Once you are pain-free, the surgeon will make a small cut (*incision*) in your abdomen.
  - The gap in the muscle wall will be repaired. The surgeon could sew muscle together over the gap. Or, a

mesh or soft screen material can be used to strengthen the area. The mesh acts as a scaffolding and the body grows new strong tissue into and around it. This new tissue is what closes the gap of the hernia and prevents it from coming back.
    - A drain might be put in. Fluid sometimes collects under the wound as it heals. The drain helps get the fluid out of the area. A drain will probably be used if your hernia is large.
    - The surgeon will close the incision with small stitches.
- For a laparoscopic surgery:
    - One you are pain-free, the surgeon will make a small incision in your abdomen.
    - A thin tube with a tiny camera attached to it will be inserted into the abdomen through the incision. What the camera "sees" is projected on a screen in the room. This gives the surgeon a good view of the hernia.
    - Other small incisions will be made so the surgeon can insert small tools that are used to repair the hernia.
    - The incisions will be closed with small stitches.

AFTER SURGERY

- You will be stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked every so often.
- You might be asked to get up and try walking.
- Sometimes people can go home the same day. For others, an overnight stay is needed.

POSSIBLE RISKS AND COMPLICATIONS

- Short-term possibilities include:
    - Pain.
    - Excessive bleeding.
    - Hematoma. This is a pooling of blood under the wound.
    - Infection at the surgery site or of the mesh.
    - Numbness at the surgery site.
    - Swelling and bruising.
    - Slow healing.
    - Blood clots.
    - Intestine or bowel damage. This is rare.
- Longer-term possibilities include:
    - Scarring.
    - Skin damage.
    - The need for additional surgery.
    - Another hernia.

HOME CARE INSTRUCTIONS

- Take any medication that your surgeon prescribed. Follow the directions carefully. Take all of the medication.
- Ask your surgeon whether you can take over-the-counter medicines for pain, discomfort or fever. Do not take aspirin unless your healthcare team says that you should. Aspirin increases the chances of bleeding.
- Do not get the incision area wet for the first few days after surgery (or until your surgeon says it is OK).
- Avoid lifting heavy objects (more than 10 lbs, 4.5 kilograms) for 6 to 8 weeks after your surgery.
- Expect some pain when climbing stairs for several days after surgery.
- Avoid sexual activity for a few weeks. It can be uncomfortable or painful.
- You should be able to drive within a few days. However, do not drive until you are no longer taking pain medicine. It can make you drowsy. It also can slow your reaction time.
- You should be able to resume normal activity in a few days. When you can return to work will depend on the type of work you do. You can go back to a desk job much sooner than you can return to work that requires physical labor. Talk about this with your healthcare provider.

SEEK MEDICAL CARE IF:

- You notice blood or fluid leaking from the wound.
- The area around the incision becomes red or swollen.
- You are having problems urinating.
- You become nauseous or throw up for more than two days after the surgery.
- You develop a fever of more than 100.5°F (38.1°C).

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a fever of more than 102.0°F (38.9°C).

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