



Umbilical and Paraumbilical Hernia Repair

Umbilical Hernia Repair

Introduction

An umbilical or paraumbilical hernia occurs when tissue, such as part of the bowel, pushes through a weak spot in the abdominal wall near the belly button (umbilicus). In adults, umbilical hernias may be linked to pregnancy, being overweight, heavy lifting, or straining. Surgery may be recommended to relieve symptoms, prevent complications, or repair a hernia that is growing or painful.

What is an Umbilical Hernia?

An umbilical hernia presents as a lump or bulge around the belly button. It occurs when part of the bowel or fatty tissue pushes through the abdominal wall. In adults, these hernias are unlikely to resolve without surgery.

Who Might Benefit From Surgery?

You may be offered surgery if:

- - The hernia causes discomfort or pain or is enlarging
- - There is a risk of strangulation (blood supply being cut off)
- - You wish to return to normal activities or sports
- - It affects your quality of life

Surgery might not be recommended if:

- - The hernia is very small and causes no symptoms
- - You have high surgical risk (e.g., due to other medical problems)

What Does the Surgery Involve?

The operation is usually performed under general anaesthetic, although local or spinal anaesthetic may sometimes be used.

Open Repair:

- A small incision is made near the belly button
- The hernia is pushed back inside
- The weakness in the abdominal wall is repaired with stitches, and often a mesh is inserted to strengthen the repair
- The skin is closed with stitches or glue

The procedure usually takes 30–60 minutes and most people go home the same day.

I don't offer keyhole surgery for umbilical hernias, and think it is an inferior option for primary and uncomplicated umbilical hernias.

What Should I Expect After Surgery?

In Hospital:

- - Most patients go home the same day
- Pain is usually well controlled with simple painkillers such as paracetamol and ibuprofen, with codeine occasionally needed

At Home:

- - Gradual return to normal activities over a few weeks
- Light exercise (e.g., walking) encouraged from day 1
- Avoid lifting more than a kettle for the first week

Recovery Timeline

Time after surgery	What to expect
Day of surgery	Go home same day, take painkillers as advised. Can shower immediately.
Days 1–2	Gentle movement, walking encouraged
Week 1	Gradually increase activity, avoid lifting
Week 2–4	Most people return to light work
Week 4–6	Resume exercise, lifting, and heavier tasks
After 6 weeks	Full return to normal activities

Driving After Surgery

You can resume driving once you can perform an emergency stop without pain (usually 1–2 weeks). Always inform your insurance provider before returning to driving.

What Are the Risks of Surgery?

Immediate Risks:

- - Bleeding
- Infection (wound or mesh-related)
- Damage to nearby structures
- Reaction to anaesthetic

Short-term Risks:

- - Pain or bruising
- Swelling or fluid collection (seroma)
- Wound healing problems

Long-term Risks:

- - Recurrence of hernia (~1–5%)
- Chronic abdominal pain (rare)
- Numbness or tingling around the wound site

What Other Treatment Options Are Available?

- - Watchful waiting (monitoring the hernia if it's not causing trouble)
- Supportive garments (hernia belt) – may relieve symptoms but will not cure the hernia

What To Do If You Have Concerns After Surgery

If you feel very unwell or need urgent medical attention, call 999 or go to your nearest Emergency Department, ensuring they are aware of your recent surgery.

If you have non-urgent concerns, please contact your GP or me on 07947137833