

# Hernia Surgery

## UMBILICAL HERNIA REPAIR

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A hernia occurs when an organ or fatty tissue squeezes through a hole in the surrounding muscle or tissue. An umbilical hernia is a hernia at the umbilicus, or belly button. A patient with an umbilical hernia may have pain and/or a bulge their belly button. Some patients have no symptoms (no pain or bulge) but may be referred for evaluation after their primary care doctor notices the hernia on exam.

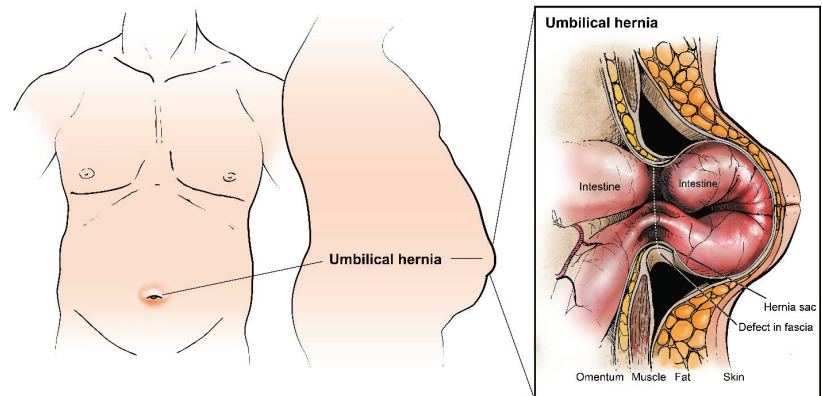
Hernias can be present for many years before a patient notices them. They can be present at birth, develop over time, or occur after surgery.

### WHY REPAIR THE HERNIA?

- To eliminate the associated pain or discomfort
- To correct the appearance of the hernia or its interference with physical activity
- To decrease the risk of intestinal injury that may be caused by the hernia

Hernias aren't always serious but do tend to worsen over time. As the hole becomes weaker and wider, more tissue (intestine, fat or fluid) can push through it. The more tissue that pushes through, the more likely it can get stuck, which can be painful or even dangerous. If a piece of your intestine gets pinched or blocked, you can become very sick.

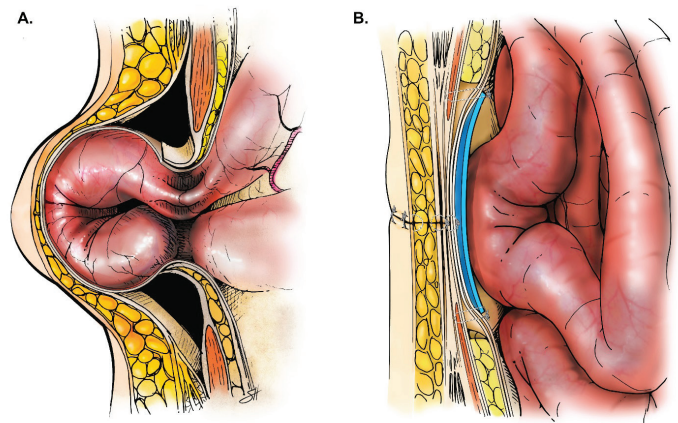
Our goal is to repair the hernia **before** this happens!



### THE PROCEDURE/VARIATIONS

#### Open umbilical hernia repair

- Doctor makes an incision is made near the belly button and the actual hernia defect (the hole) is closed using stitches
- Depending on the size of your hernia, a piece of mesh may be used to reinforce the repair. This mesh is placed between the layers of your abdominal wall
- The skin is closed with stitches that naturally absorb over time.

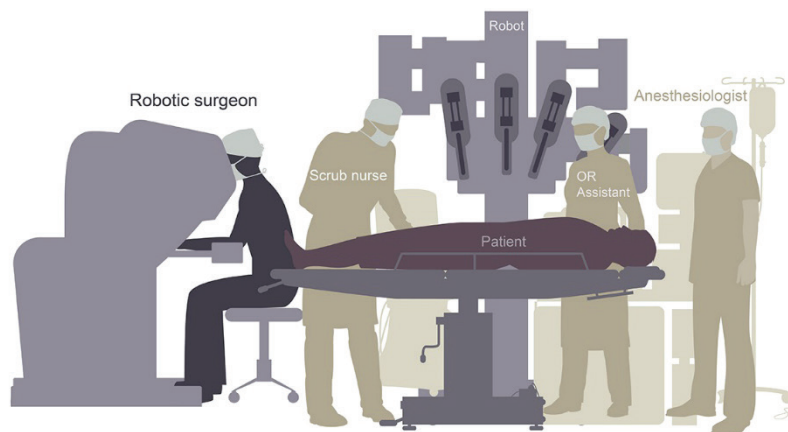


## Laparoscopic or robotic umbilical hernia repair

- Doctor makes three to four small incisions on one side of your abdomen through which the surgeon uses instruments to repair your hernia
- Surgical mesh may be used to reinforce the repair, depending on the size of the hernia
- The mesh is placed on the inside of the abdomen and secured in place with stitches or absorbable tacks.

Your doctor will recommend the best option

for you depending on the hernia size, your body build, previous hernia repairs, previous abdominal surgery and your preference.



The size of the hernia will also dictate the need for mesh. Typically, holes larger than 1.5 cm should be repaired using mesh in order to decrease the risk of recurrence (having the hernia come back again).

## AFTER SURGERY

Every hernia repair carries a risk of recurrence (coming back). For this reason, your surgeon may include activity restrictions after surgery. The recurrence risk is the same with open or with laparoscopic and robotic approaches.

The amount of time required for post-operative recovery is dependent on size of the hernia and the complexity of the repair but is similar between the two approaches. Because we are bringing the muscles of the abdominal wall together to close the hernia defect, patients will have abdominal soreness afterwards.

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