What is an epigastric hernia?

A hernia is a small opening in a muscle of the abdomen (tummy) which would not normally be present. Tissue such as fat or internal organs can push through the opening which is then seen as a bulge on the skin. Childhood hernias can occur on various parts of the abdomen and are commonly operated on. For reasons unknown hernias tend to affect boys more than girls.

Epigastric hernias form when tissues joining the muscles in the upper part of the abdomen have not formed properly and so allow fatty tissue to bulge through the opening. A lump is then seen on the abdomen, anywhere between the breast bone and the belly button. The lump usually measures between 1 and 5cm. Although the hernia is always present the lump may not always be visible and may only occur when your child cries, goes for a ‘poo’ or during strenuous play or activity.

What causes an epigastric hernia?

In children, epigastric hernias are congenital. This means that children are born with them due to incomplete closure of the fibrous tissue of the abdomen during the baby’s development in the womb. We do not know why this happens but it is not related to anything that happened during pregnancy.

Although epigastric hernias are congenital, the bulge/lump may not be seen until children are older.

How is an epigastric hernia diagnosed?

Your child’s abdomen will be examined externally by a doctor; usually no other tests are needed.

Why treat an epigastric hernia?

It is not essential to repair an epigastric hernia however some children may find it becomes uncomfortable and older children may be unhappy with it’s appearance and wish to have it repaired. This requires a small operation to be carried out.

Operation to repair an epigastric hernia

The operation to correct the epigastric hernia is carried out under general anaesthetic. The surgeon will make a small (2 to 4cm approx.) cut in the abdomen, just above the hernia. The surgeon will then push the fatty tissue back inside and then close the hernia (opening) with dissolvable stitches.
The wound is stitched on the inside of the skin so you will not be able to see any of the stitches. Sometimes special wound glue is used, or paper tapes (called ‘steri-strips’) can be applied.

Local anaesthetic will be used at the end of the operation to minimise discomfort.

**Before admission to hospital**

- **Purchasing suitable painkillers:**
  It is important that you purchase some children’s pain killers such as Paracetamol (e.g. Calpol) and Ibuprofen before admission to hospital so that you have these available at home after discharge.

- **If your child becomes unwell:**
  If your child has a cold, cough or illness such as chicken pox the operation will be postponed to avoid complications. Please telephone us (the telephone number is at the end of this leaflet).

- **Starvation plan:**
  Your child will not be able to eat and drink before the operation. Specific advice about this will be given to you in the letter sent confirming your child’s date of surgery.

**After the operation**

- Once fully awake your child will be able to have a drink and something to eat.
- Painkillers will be given as needed, usually Paracetamol and/or Ibuprofen.
- Most children who have had an epigastric hernia repair operation can go home on the same day.
- If your child needs to stay in hospital overnight we will provide a bed for a parent/carer to stay as well if required.
- After the operation there may be some swelling. This may take a few weeks to completely disappear.

**What are the complications of an epigastric hernia repair?**

Complications from this operation are uncommon but include:

- infection
- recurrence of the epigastric hernia
- bleeding

In many cases there is little cosmetic change to be seen immediately after the operation.

Every anaesthetic carries a risk of complications but these are rare. Your child’s anaesthetist is an experienced doctor who is trained to deal with complications and you will be able to meet him/her before the operation so you can ask questions and discuss any concerns you may have.
Discharge advice

- Your child’s wound should be kept clean and dry; avoid baths for five days after the operation. Wiping over the area with warm water is fine.
- We advise that your child wears loose fitting clothes for a few days after the operation.
- Children may find some physical activities uncomfortable such as PE at school, cycling and swimming. They should therefore avoid these for one to two weeks.
- Paracetamol (‘Calpol’) and/or Ibuprofen (‘Brufen’ or ‘Junifen’) should be given to prevent/treat pain. Please follow the instructions on the bottle.
- Steri-strips can be removed by gently peeling them off whilst your child is in the bath five days after the operation. If the steri-strips fall off beforehand they do not need to be replaced.
- If your child has a dressing after their operation, gently remove it after 48 hours. If the dressing falls off before this time it does not need to be replaced.
- Occasionally a wound can become infected. If your child’s wound becomes red or there is increased tenderness, contact your GP.

Is there an alternative to surgery?

Although epigastric hernias rarely resolve on their own, they can be left without treatment. Epigastric hernias are usually only repaired if they are causing discomfort or if the child is unhappy with the appearance of the hernia. It is essential that the child who wants an operation because they are unhappy with the appearance of the hernia understands that they will have a scar after the operation, as they may be equally unhappy with the appearance of a scar.

Follow up

Your child will need to be reviewed between three and six months after the surgery. This is to check the healing of the wound and to ensure there has been no recurrence. Review is usually held in the children’s outpatient clinic at Addenbrookes but it may be possible either at one of our outlying clinics or via your GP. You will be informed at the time of discharge where and when your child’s review is to be held.

Chaperoning

During your child’s hospital visits he/she will need to be examined to help diagnose and to plan care. Examination, which may take place before, during and after treatment, is performed by trained members of staff and will always be explained to you beforehand. A chaperone is a separate member of staff who is always present during the examination. The role of the chaperone is to provide practical assistance with the examination and to provide support to the child, family member/carer and to the person examining.
Patient Information

For information or questions before or after admission please call:

Clinical nurse specialists: 01223 586973 (08:00 to 18:00 Monday to Friday)

Ward..............................................................................................................................................

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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