

WHAT IS AN EPIGASTRIC HERNIA?

An epigastric hernia is sometimes also referred to as a ventral hernia. They normally occur between the two abdominal wall muscles in the midline, between the bottom of the breast bone and the belly button (umbilicus). They are quite common and some people don't even realise they have one. Most people will be aware of a bulge above the belly button which tends to go away when they lie down (reducible) but pop out again when they stand up cough, sneeze or exert themselves. This type of hernia will not get better on its own and most patients are advised to have them repaired.

An epigastric hernia may gradually enlarge over a period of time and sometimes they can be associated with some local discomfort. Less frequently they can become stuck i.e. they become irreducible. In this situation they can become more uncomfortable and this may lead to more serious problems such as strangulation or bowel obstruction. If this happens urgent admission to hospital and emergency surgery is usually required.

TREATMENT

Most epigastric hernias are repaired as a day case under a general anaesthetic.

The defect that is left, if small, is repaired with stitches. For larger defects a soft, synthetic, non-absorbable mesh which is fixed in place with stitches, may be used to reinforce the repair.

The operation takes around 30 minutes to perform. Local anaesthetic is usually injected into the wounds at the end of the procedure. The wound is usually closed with a dissolvable suture or wound glue.

Patients are usually able to go home later the same day.

WHAT ARE THE RISKS OF THE OPERATION?

Wound infections are uncommon after this type of

surgery. When they do occur patients may need a course of antibiotics.

You should contact your doctor if after the operation you develop any of the following:

- Redness around or drainage from the incision.
- Fever.
- Bleeding from the incision.
- Pain that is not relieved by medication or pain that suddenly worsens.

Sometimes bruising may occur around the wound or a swelling develop beneath the wound. This is usually blood and / or tissue fluids which accumulates in the space where the hernia was. The fluid will normally gradually resolve. Very occasionally a collection of fluid may need to be drained.

In the longer term there is a small risk of the hernia recurring.

AFTER THE OPERATION

We encourage all patients to stay active following surgery. Walking regularly is useful exercise after the operation. Following the operation you should avoid heavy lifting for 4-6 weeks. After about 4 weeks you should be able to increase your exercise activities.

Starting with gentle rhythmic exercises such as cycling or cross-training and gradually building up to your normal exercise regimen. Provided there are no wound problems swimming can also be good at this stage.

You should be able to return to work within one or two weeks but if your job involves any strenuous activities you may need to be off work for longer or carry out only light duties. Patients can usually drive again after one to two weeks but your surgeon will give you specific instructions regarding this.

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