GS22
Epigastric Hernia Repair (adult)

Further information
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Local information
You can get information locally from:

Taunton and Somerset NHS Foundation Trust
Musgrove Park Hospital
Taunton
Somerset TA1 5DA

Switchboard: 01823 333444

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What is an epigastric hernia?
An epigastric hernia is a lump in the midline between the umbilicus (belly button) and sternum (breastbone) which can cause pain (see figure 1).

What are the benefits of surgery?
You should no longer have the hernia. Surgery can help to relieve pain if it is caused by the hernia, allowing you to return to normal activities. You may still have pain if it is caused by another problem. Your surgeon can discuss this with you.

Are there any alternatives to surgery?
Surgery is recommended as it is the only dependable way to cure the condition. The hernia can be left alone but pain caused by the hernia will usually continue and complications can happen. The hernia will not go away without an operation.

What will happen if I decide not to have the operation?
An epigastric hernia is usually safe to leave alone. However, the hernia can get bigger with time, especially if you are overweight or have a persistent cough. An epigastric hernia can be dangerous because the intestines or other structures within the abdomen can sometimes get trapped and have their blood supply cut off (strangulated hernia). This is serious and needs an urgent and bigger operation, with a higher risk of serious complications.

What does the operation involve?
The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. Surgery to repair an epigastric hernia is usually performed under a general anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about half an hour. Your surgeon will make a cut over the hernia and free up the ‘hernial sac’.

What does a hernia happen?
The abdominal cavity contains the intestines and other structures. These are protected by the abdominal wall, which is made up of four layers. The inner layer is a membrane. The second layer is a wall made of muscle. A layer of fat separates the muscle from the outer layer of skin. In an epigastric hernia, fat pushes out through a weakness in the wall of the abdomen between the umbilicus and sternum and forms a lump. The most common symptom is pain caused by the fat being pinched by the abdominal wall.

Figure 1
Position of an epigastric hernia

Your surgeon has recommended a hernia operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.
If only fat is pushing through, your surgeon will either remove the fat or push it back. If contents of the abdomen are also pushing through, they will place the contents back inside the abdomen. Your surgeon will remove the hernial sac and close the weak spot with strong stitches or a synthetic mesh (for larger hernias). They will then close the skin.

**What should I do about my medication?**
You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin or clopidogrel before your operation.

**What can I do to help make the operation a success?**
If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice. You can reduce your risk of infection in a surgical wound.
- In the week before your operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of your operation.
- Keep warm around the time of your operation. Let a member of the healthcare team know if you are cold.

**What complications can happen?**
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 **Complications of anaesthesia**
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 **General complications of any operation**
- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- **Bleeding** during or after surgery. This rarely needs a blood transfusion or an operation but it is common to get some bruising around the cut.
- **Infection of the surgical site** (wound). It is usually safe to shower after 48 hours. However, you should check with a member of the healthcare team. Let the healthcare team know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need an operation.
- **Unsightly scarring** of the skin.
- **Blood clot in the leg** (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after surgery and may give you injections, medication, or special stockings to wear. Tell the healthcare team straightaway if you think you might have a DVT.
• **Blood clot in the lung** (pulmonary embolus). This happens if a blood clot moves through the bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, you may have a pulmonary embolism. You should tell the healthcare team straightaway or, if you are at home, go to your nearest Accident and Emergency department immediately or call an ambulance.

3 **Specific complications of this operation**

- **Developing a lump** under the wound. This is caused by a collection of blood or fluid and normally settles over a few weeks.
- **Injury to structures within the abdomen.** This is rare but may need further surgery.

**How soon will I recover?**

- **In hospital**
  After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency. If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

- **Returning to normal activities**
  You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of developing a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been prescribed drugs or have to wear special stockings.

A member of the healthcare team will tell you if you need to have any stitches or clips removed. You should gradually increase how much you walk around over the first few days after your operation. You may need to take painkillers to help you.

You should be able to return to work after one to two weeks but this may vary depending on the extent of surgery and your type of work.

Your doctor may tell you not to do any manual work at first and you should not do any heavy lifting for six weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

- **The future**
  Most people make a full recovery and can return to normal activities. However, the hernia can come back (risk: less than 1 in 20). This depends on the size of the hernia, the strength of your abdominal muscles, if you are overweight or if you have underlying medical problems. The hernia can come back many years later and may need further surgery.

**Summary**

An epigastric hernia is a common condition caused by a weakness in the abdominal wall between the umbilicus and sternum. If left untreated, an epigastric hernia can cause serious complications.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.
Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements
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