

For staff use only:

Patient Details:

Surname:

First names:

Date of birth:

Hospital no:

Male/Female:

(Use hospital identification label)

West Suffolk Hospital

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Para umbilical hernia repair

For staff use:

Does the patient have any special requirements? (eg interpreter or other communication method)

.....

.....

.....

Please bring this form with you to hospital

You will be asked to read the consent form carefully and you and your doctor (or other appropriate medical practitioner) will sign it to document your consent.

Patient information

Para umbilical hernia repair

What is an para umbilical hernia?

Underneath the skin, the wall of the abdomen is made up of layers, which hold the intestines inside. There are areas of potential weakness, including the umbilicus (belly button). In some people this weakness can allow fat or intestines to bulge forward through the layers to create a noticeable lump called a hernia.

Why repair para umbilical hernias?

If untreated para umbilical hernias can grow occasionally becoming unsightly or painful.

The most serious complication of any hernia is when some fat or intestines get stuck but this is rare with para umbilical hernias. When this does happen, the lump becomes hard and cannot be pushed back into the abdomen requiring prompt doctor assessment. Sometimes an emergency operation is needed to correct the problem.

Surgery to repair para umbilical hernias is straightforward. It may involve placing a fine 'mesh' over the hole but not always. After the operation you should be able to return to your daily activities, and potentially this is an effective permanent solution.

Non-operative treatment

If your hernia is small and/or not giving you many symptoms, it may be advisable not to have an operation. Your surgeon may advise simple measures such as losing weight and stopping smoking (this reduces the amount you cough) which can significantly help.

Your surgeon may also recommend losing weight to allow a better more successful operation to be carried out in the future. Any extra weight puts more strain on even the best surgical repair.

The operation

Para umbilical hernia repairs usually take between 45 - 60 minutes. Most patients have the operation done as a 'day case', arriving and leaving the hospital the same day. This is not appropriate for everyone and some patients require some time in hospital.

The operation can be carried out under local anaesthetic (patient numbed but awake), or more commonly general anaesthetic (patient asleep), or regional anaesthetic (similar to an epidural) are used. This will depend on your personal situation and the surgeon and anaesthetist will advise you.

A small incision is made around part of the umbilicus so that the scar blends with the umbilicus as well as possible. The hernia is returned into the abdomen and then the hole is repaired with stitches. Often a fine, permanent mesh is sewn over the hole as well. The skin is closed together using dissolving stitches and local anaesthetic is injected to reduce pain immediately after the operation.

Recovery

The local anaesthetic used in all the operations, often means patients have little pain immediately afterwards. After this wears off you can expect some degree of discomfort for a few days. Simple pain killers such as paracetamol and ibuprofen will help you relieve this and you will be given these when you leave the hospital.

You will be able to eat and drink 2 - 4 hours after the operation. On discharge a nurse will advise on looking after the dressing, hygiene and bathing. Patients are not routinely seen again in the outpatient's clinic if surgery has been straightforward.

When back home it is best to avoid 'bed rest' and be active with mild exercise such as walking. Strenuous exercise and heavy lifting should be avoided for 3 weeks after the operation. After this time, sensibly increase the amount of activity you do.

Returning to work will depend on the type of work you do. An office job can be resumed after 5 - 7 days. A more physical job may need 3 - 4 weeks before you can return.

Driving is possible once an emergency stop can be performed without discomfort, which is generally 1 - 2 weeks. It is advisable to check with your insurance company before you start driving again.

Potential complications

Any operation or procedure carries some risk. Some problems include:

- Infection: of the wound or the chest (if you have a general anaesthesia)

Wound infection is an uncommon complication of surgery. After the operation your wound may be a bit red and sore initially but should quickly improve. If it becomes increasingly red, swollen, hot, and painful or discharges fluid, you may have developed an infection. You will then need to contact your GP for advice as to whether you need antibiotics.

- Excessive bleeding: causing bruising and/or swelling
- Deep Vein Thrombosis (legs) or Pulmonary Embolus (lung): blood clots that form in the legs and may move to the lungs

Infections are normally mild and may require oral antibiotics. It is very rare for bleeding to be severe or require a further operation to stop it. The risk of a blood clot is reduced by the use of special compression stockings (and injections if you stay in hospital).

The complications specific to para umbilical hernias are:

- Recurrence of the hernia
 - Less than 1 in 20 cases
 - The risk of recurrence is however significantly increased if you are overweight
 - If the hernia returns, a repeat operation can be considered, but the risk of further recurrence is higher
- Numbness around the umbilicus
 - There are superficial nerves in the skin that may cause numbness
- Loss of umbilicus
 - Sometimes to get a satisfactory repair it is necessary to remove the umbilicus

Para Umbilical hernia operations are commonly performed very successfully without the mentioned complications in the vast majority of patients.

Further information

Recommended sources of further information are:

- www.patient.co.uk
- Patient education institute (US website) - www.nlm.nih.gov/medlineplus

Deciding to have an operation is rarely easy. It is important to decide that the risks and benefits of the operation are acceptable to you. Please discuss any concerns with your GP or the surgical consultant planning your operation.

**If you have any feedback or comments about this leaflet please phone
PALS on 01284 712555**

West Suffolk Hospital Trust Patient Advice and Liaison Service
Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ
www.wsh.nhs.uk/pals

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consent form 1

Patient Details or label Surname: First name(s): Date of birth: CRN number: NHS number: Male/Female:

Responsible health professional: Job title: Special requirements: <i>(eg other language/other communication method)</i>
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Patient agreement to investigation or treatment

Name of proposed procedure or course of treatment

Repair of Para Umbilical Hernia

Statement of health professional

(To be filled in by health professional who has appropriate knowledge/training of the proposed procedure, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular I have explained:

- The intended benefits of the procedure, ie treat symptoms and prevent complications of para umbilical hernia
- Any serious or frequently occurring risks, eg
 - ◆ Bleeding
 - ◆ Infection
 - ◆ Recurrence
- Any extra procedures that might become necessary during the procedure
 - ◆ Loss of umbilicus

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve:

General or local anaesthesia

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss options later)

Statement of the interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand:

Interpreter's signature Date:

Name (PRINT):

Patient Information leaflet and bottom copy accepted by patient: yes/no (please ring)

Patient Details or label

Surname:
First name(s):
Date of birth:
CRN number:
NHS number:
Male/Female:

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures that might become necessary during my treatment. I have listed below any procedures that **I do not wish to be carried out, without further discussion.**

.....
.....

Patient's signature:.....**Date:**

Name (PRINT):.....

A witness should also sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Witness's signature:.....**Date:**

Name (PRINT):.....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Health Professional's signature: **Date:**

Name (PRINT):..... **Job title**

Important notes: (tick if applicable)

- ☐ See also advance directive/living will (e.g. Jehovah's Witness form)
- ☐ Patient has withdrawn consent (ask patient to sign/date here)

..... **Date**

Consent form 1