

Hernia (Epigastric) - Child

Your Child's Epigastric Hernia Operation - Some Information

These notes give a guide to your child's stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is an Epigastric Hernia?

A hernia (**her** - near) is a weakness in the tummy wall. An epigastric (eppy - **gas** - trick) hernia pushes out above the tummy button. It may get bigger or give pain. Sometimes there are more than one hernia. The hernia is not any fault of the parents.

What does the operation consist of?

A cut is made into the skin above the tummy button. The swelling under the skin is tied off. The cut in the skin is then closed up.

Are there any alternatives?

If you leave things as they are, the hernia will get bigger.

Binding the hernia down or using trusses will not help.

Keyhole operations are experimental, and leave a scar not much smaller than the one we are planning.

What happens before the operation?

Welcome to the ward

Your child (he or she) will be welcomed to the ward by the nurses or the receptionist. He will have his hospital details checked. He will be put to bed in a gown. He will have some basic tests done such as pulse and temperature.

You will be asked to hand in any medicines or drugs he may be taking so that his drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

Your child will be seen by the children's doctor and the house surgeon who will examine him. The operation will be explained to you. You will be asked to sign your

consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or nurses. They are never too busy to do this.

The operation site will be marked with a skin pencil.

Your child will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving the anaesthetic will interview and examine your child. They will want to know about any coughs, colds, wheezing, runny noses, dental treatment and previous anaesthetics. Also they will want to know other illnesses your child has had, plus any anaesthetic problems in the family.

Diet

Your child should not have eaten or drunk for 4 hours before the operation. This should prevent him vomiting during the operation.

Timing of the operation

The operation is usually arranged to be at the beginning of the morning or afternoon. Do not be surprised, however, if there are changes in the exact timing.

Premedication

Your child may be given a sedative to drink an hour or so before operation.

Transfer to theatre

Your child will be taken to the operating suite on a trolley by a ward nurse and a theatre porter. You can go right to the operating reception area with your child. You will then be asked to return to the children's ward. Your child will then have the anaesthetic and go to sleep.

The operation is then performed

What happens after the operation?

Coming round after the anaesthetic

Your child will be sleepy after the operation and is likely to sleep for an hour or more afterwards.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make your child clumsy, slow and forgetful for about 24 hours. This happens even if your child feels quite alright. Do not leave him on his own or let him use anything sharp or dangerous.

Will it hurt?

Your child will probably not notice any particular pains. If necessary he can take a painkiller by mouth, such as Paracetamol.

By the end of one week the wound should be virtually pain-free.

Drinking and eating

Your child will be able to drink an hour or so after the operation. He should be able to eat normally the next day.

The wound and stitches

There are no stitches in the skin. The wound is held together underneath the skin and does not need further attention.

The wound has a cellulose dressing rather like nail varnish.

There may be some swelling of the surrounding skin which improves in 2 to 3 days. It is not important.

After 7 to 10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

Washing

You can wash the wound area as required. Baths or showers with ordinary soap and water are alright. Salt water is not necessary.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your child's progress.

How long in hospital?

Usually you can take your child home the same day.

You will be given an appointment to bring your child to the Outpatient Department, a month after leaving hospital for a check up.

After you leave hospital

Your child may need frequent sleeps for a day or two. There is no need to limit what he does - also you will probably find it impossible!

School

If your child goes to school he can return to lessons in 7 days or so. He can restart any sport in one month.

Complications

Complications are rare and seldom serious.

If you think that all is not well, please ask the nurses or doctors.

There is often some swelling and even some redness around the wound. These settle in 3 or 4 days.

Infection is a rare problem, and settles down with antibiotics in a week or two.

The risk of recurrence of the hernia is less than 1 in 100.

General advice

If you have any problems or queries, please ask the nurses or doctors.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 3, The Friarage Hospital, Northallerton.

Michael H Edwards
Consultant Surgeon

Acknowledgement

We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

The crew of the Royal Fleet Auxiliary 'ARGUS'

If you would like to show appreciation for your child's care from us, we invite you to contribute to our Children's Unit Charitable Fund. This fund buys extra items, beyond what is provided by the NHS, for all children on our unit.

Please send donations to Dr Christopher J Bacon
Director of Children's Services
Friarage Hospital
Northallerton DL6 1JG

(Please make cheques payable to "Northallerton Health Services - Children's Unit Charitable Fund")

Have you any comments?

We welcome your comments and suggestions covering your child's illness, treatment in hospital, and recovery. Please write below any points you would like to make. If you prefer, you need not give your child's name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Admission arrangements:

Your child's welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your child's operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

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Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Please send this questionnaire to Mr M Edwards, Ward 3, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG.