

The Hernia Clinic

Epigastric Hernias

Your doctor has diagnosed a hernia of your abdomen. You have been given this leaflet to provide information about your condition. This guide will help answer many of the frequently asked questions about hernias.

What is an epigastric hernia?

A hernia is a weakness in the rectus muscles of the abdominal wall. This allows some of the fat that sits around the bowel, or even the bowel itself, to push through and make a bulge under the skin.

An epigastric hernia occurs when the hole or defect is in the midline, between your sternum (breast bone) and umbilicus (tummy button). The defect is usually quite small (less than 1cm).

How do hernias occur?

Epigastric hernias are most common in young adults. They may develop after a period of lifting, straining or coughing. This can weaken the abdominal muscles, cause pain and allow a hernia to bulge through. Hernias are more common in people with heavy manual jobs.

Do I need an operation to fix it?

Once a hernia has developed, the weakness will always remain – unless it is repaired. Some patients choose not to have an operation, perhaps because of ill health or because the hernia causes no symptoms at all

What happens if I choose not to have it repaired?

Over time a hernia may become bigger and more troublesome. Without a repair, the risk is that some bowel may become trapped inside the hernia. This is a strangulated hernia and is a medical emergency. If this occurs the hernia is often warm, red and tender.

These medical emergencies can be associated with other complications and fixing these hernias can be more difficult.

What is a strangulated hernia?

If bowel becomes stuck in the hernia it may become blocked and trapped. If this happens the hernia bulge may become warm, red and painful to touch. You may also feel sick or vomit. This is a medical emergency and you should contact your GP or attend the Accident and Emergency department.

How is the operation performed?

These hernias may be repaired with you asleep (under general anaesthetic), or with you awake (under local anaesthetic). The method of repair and anaesthetic will be discussed by your hernia specialist at the time of your out-patient consultation.

Before your operation you will be examined and your hernia marked. The operation will again be explained in detail before consent for the procedure is taken.

Once anaesthetised, using a small cut in the skin over the hernia, the hole in the muscle wall is identified. The hernia defect may be closed using stitches or even a mesh, depending on the size of the hernia. Dissolving stitches are usually used for the skin.



Photo of the mesh often used for epigastric hernia repair

How long am I in hospital?

Most people are able to go home on the day of their operation. If your operation is performed with you asleep (under general anaesthetic) a responsible adult should be with you for 24 hours after the operation. Your specialist will help advise you whether a day-case operation will be suitable for you.

What is the success rate of the operation?

Hernia operations are very successful when performed by trained specialist surgeons. The chance of a hernia coming back (a recurrence) is less than 2%. Hernias are more likely to return in patients with infections or in those who do heavy lifting too quickly.

What are the risks or complications?

The risk of the hernia recurring is less than 2%. Hernia operations may cause some bleeding and bruising near the scar. There is a small risk of a wound infection and antibiotics may be given.

General anaesthetics are very safe although all operations do carry a small risk. If you are concerned about an anaesthetic please speak to your specialist.

What can I do afterwards?

As a rule - "in the first month, if you can't lift it easily with one hand, you shouldn't lift it at all".

In the first four weeks you should take gentle exercise (walking) as discomfort permits. After a month you can start more demanding exercise although you must build up to full strength gradually.

Most people need one or two weeks off work after a hernia operation. Patients with strenuous manual work may need 4-6 weeks before they can return to full duties.

When can I drive after a hernia operation?

Do not drive for 24 hours after a general anaesthetic. You need to be able to do an emergency stop without pain to drive safely. This usually takes 1-2 weeks after a groin hernia operation.

Mr Nathan Coombs BSc FRCS FRCS (Gen Surg)
Consultant General Surgeon

The Hernia Clinic at The Shalbourne
Great Western Hospital
Marlborough Road
Swindon, SN3 6BB

Tel: 01793 646059 or 01793 940093
Email: info@theherniaclinic.com
www.theherniaclinic.com