

## Meet Our Surgical Team



**Randall Holland, MD**  
Medical Director



**Elizabeth Pohlson, MD**



**Mauricio (Tony) Escobar, Jr., MD**  
Clinical Service Chief of Trauma



**Stephanie Acierno, MD, MPH**



**Abbey Schneidmiller, ARNP**



**Maria Pecchia, ARNP**



**Mao-Tang Han, PA**



A Mary Bridge surgeon is available for consults 24 hours a day. Please contact our Surgery Clinic at 253.403.4613 or 800.552.1419 ext. 4613.

### Mary Bridge Children's Hospital & Health Center

#### HOSPITAL

317 Martin Luther King, Jr. Way  
Tacoma, WA 98405  
253.403.1400

#### HEALTH CENTER

311 South L Street  
3rd Floor, West Wing  
Tacoma, WA 98405  
253.403.4613 or 800.552.1419 ext. 4613  
Fax: 253.403.1641

#### REGIONAL MARY BRIDGE PEDIATRICS

253.403.4613 or 800.552.1419 ext.4613  
Fax: 253.403.1641

#### Olympia

3504 12th Ave. NE  
Olympia, WA 98506

#### Puyallup

1803 South Meridian, Suite B  
Puyallup, WA 98371

#### Silverdale

1780 NW Myhre Road, Suite G220  
Silverdale, WA 98383

Allenmore Hospital  
Good Samaritan Hospital  
Mary Bridge Children's Hospital & Health Center  
Tacoma General Hospital  
MultiCare Clinics

**MultiCare**   
**BetterConnected**

multicare.org

## Pediatric Surgery: Umbilical Hernia



[multicare.org](http://multicare.org)

**MultiCare**   
**Mary Bridge Children's Hospital  
& Health Center**  
**BetterConnected**

## The Pediatric Difference

At Mary Bridge Children's Hospital, we know that parents of children needing surgical care are often anxious and have many questions. Our experienced team of pediatric surgeons and experts are focused on helping you and your child feel comfortable through this experience. Please review the following information about your child's condition and treatment and ask questions at any time.

### UMBILICAL HERNIA

An umbilical hernia is a weakness or opening of the abdominal muscle at the belly button, called the "umbilicus" in medical terms. This opening allows the bowel or intestine to be pushed into a sac beneath the skin. Around 10 to 20 percent of infants may have an umbilical hernia. It is equally common in boys and girls, although premature and African American babies are more likely to get them.

Signs and symptoms

- A "bulge" at the belly button, most noticeable when the infant or child cries or strains
- A ring may be felt in the area when the child is relaxed

If the bulge is above the belly button, a different type of hernia, called an epigastric hernia, may be present.

An umbilical hernia is not painful unless the intestine becomes trapped in the sac, which happens in less than 1 percent of children with umbilical hernias. The medical term for this problem is "incarceration." An incarcerated hernia will be painful, there may be redness over the area, and the child may have vomiting. If these signs appear, the child should be seen by a doctor right away.

### DIAGNOSIS

An umbilical hernia is diagnosed by physical examination. Additional x-ray tests or ultrasounds are usually not required.

### TREATMENT

Unlike other types of hernias, most umbilical hernias will close on their own during the first five years of life and do not require surgery. The size of the bulge does not determine if an umbilical hernia will close over time, although if the ring that can be felt is larger than 5/8 inch or 1.5 cm, the hernia is less likely to close. "Taping" a hernia closed from the outside does not speed healing and may cause a rash.

Office consultation is recommended if the hernia has not closed by age two to five. If the hernia does not close by age three to five, if the ring is large, or if the hernia becomes incarcerated, surgery may be needed.

Surgery, if needed, is performed as an outpatient under general anesthesia. The operation usually takes under an hour, with total time spent at the hospital usually about six hours. If necessary, the child will be given sedation before going to the operating room. After he or she is asleep, an IV or intravenous will be started. A small incision is made beneath or in the belly button and the muscle is closed.

The skin is sewn with sutures, or stitches, beneath the skin and a dressing is placed. The stitches will dissolve on their own. At the time of the operation local medication may be injected at the incision.

### RECOVERY

At discharge your surgeon will give instructions regarding bathing, activity, pain management and removal of the dressing.

A return visit is usually scheduled in one to two weeks or a phone follow-up may be planned.

If redness, yellow or clear drainage, or a temperature of 101.5 or greater that is not relieved by acetaminophen or ibuprofen (used in children older than six months) occurs, please call our office.



Families can call **Child Life Services** at **253.403.5315** to schedule a pre-surgery tour.

*Visit our surgical services section of the Mary Bridge website for more helpful information.*