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The umbilical hernia occurs when part of the baby's intestines bulge through the abdominal wall inside the navel. He appears as a bump under his belly button. Hernia is not painful and most of them do not cause any problems. Most umbilical hernias close on their own by the time the child turns 4 or 5 years old. If the hernia does not go away by then or causes problems, doctors may recommend surgery. What causes umbilical hernias? Hernia when part of the intestine bulges through the muscle wall, which should keep it in place. With an umbilical hernia, the hole is located in the middle of the navel, on the part of the abdominal wall is called the umbilical ring. The cord ring is the muscle that surrounds the poop. During pregnancy, the umbilical cord flows through the umbilical cord to bring blood and nutrients to the developing baby. The umbilical cord should close shortly after birth. If it doesn't close properly, the intestines can pierce. This can cause a bulge near the navel, especially when the baby cries, coughs, or strains. Who gets umbilical hernias? Umbilical hernias are most common in newborns and infants younger than 6 months. About 20% of children have one. But older kids and adults can get them too. What are the signs and symptoms of an umbilical hernia? The main sign of the umbilical hernia is a visible blow under the skin of the navel. Hernia can get bigger and smaller: It can get bigger when a child does something that creates pressure in the abdomen like standing, crying, coughing, or straining poop. It can get smaller again when the child is lying and calm. How is the umbilical hernia diagnosed? Doctors diagnose the umbilical hernia by looking and feeling a bump or tumor in the navel area. The bump will usually get bigger when the baby cries and get smaller or leave when the baby relaxes or lies on his back. The doctor may carefully try to massage the hernia back to the proper place in the abdominal cavity. A hernia that can be massaged back into place is called a reduction of a hernia. This shows that the intestines are not stuck (prisoner) in the opening of the muscle wall. How do umbilical hernias be treated? Most umbilical hernias have nothing to worry about, and go without medical attention by the time the baby is 4-5 years old. Surgery is done only if the hernia is not close to the age of 4 or 5 hernia becomes an inmate (cannot be easily reduced) For work, doctors will: Give anesthesia to the child sleeping through the procedure and will not feel pain. Make a small incision (cut) in the skin. Move the intestines into place. Close a hole or a weak spot in the muscle with stitches. Cover the incision with absorbent seams under the skin and ribbon strips. They will fall on their own in 7-10 days. Children sometimes need emergency surgery if the intestines do not This means that it is stuck in a muscle wall that can damage the intestines. At home, you can push the hernia back, but don't put the tape or anything else on the hernia to keep it in. When should I call the doctor? Umbilical hernias usually close on their own without surgery. Watch out for the hernia to see if it changes. Call your doctor if your child still has a hernia after turning 5 years old. Call right away if: the hernia gets bigger, seems swollen, or difficult. Hernia sticks out when your child is asleep, calm, or lying down and you can't push it back in. Your child has pain when you touch a hernia. The skin above the hernia is red or looks darker than usual. Review: Lauren Berman, MD This material should not be used for commercial purposes, or in any hospital or medical facility. Failure to do so may result in legal action. What's it? Hernia (her-u-ear) is a weakness or rupture in the wall of the organ that causes part of this organ to squeeze through the muscle wall. For example, a groin (in-gwih-null) hernia is found in the groin, where the abdomen (belly) meets the upper leg. Most hernias are found in the abdomen, groin, or near umbilicus (mind-bill-and-kuss) or navel. Reasons: You may have had weak muscles or a hole in the muscle wall from birth. Muscle weakness can come after surgery or from lifting something heavy. Or you can get a hernia when you are pregnant or from just getting old. You may be at a higher risk of having a hernia if you have hard cough spells, constipation (hard BMs), or overweight. Signs and symptoms: You may have swelling or a painful lump in your abdomen, umbilicus or groin. The lump usually goes away when you lay or gently click on it. You may have pain when you strain, lift, or cough. If you are a man, you may have swelling or pain in your scrotum. You may have a hard time with BM. Or you can vomit (throw), which can be a serious sign. The child can have a bulge in the groin when crying. Care: Hernias can often be pushed back. But surgery is the only long-term treatment to fix a hernia. You may need surgery immediately to suffocate (country-gu-la-ted) or in custody (in kar-sir-a-ted) hernia. Suffocating hernias are twisted hernias. The surgery is done to untwist the hernia and return the organ to its proper place. An enclosed hernia is a trapped hernia that cannot be pushed back. Surgery is done to return the organ to its proper place. There are things you can do to keep from returning hernias if you don't have surgery. Don't lift the heavy stuff. Try to cough gently. Eat it fiber (fruits and vegetables) to keep your BMs soft. You should lose weight if you are overweight. Ask your caregiver if it is normal to exercise. You may need to carry the farm. The farm is a pad and strap that is held tightly over the hernia. This prevents the contents of the abdominal cavity from entering the hernia sac. The farm does not treat a hernia. Talk to your caregiver before buying a farm. Care agreement you have the right to help plan your treatment. To help with this plan, you need to learn about hernias. Then you can discuss treatment options with your caregivers. Work with them to decide what kind of care will be used to treat you. You always have the right to refuse treatment. For more information, contact your doctor to make sure that the information on this page is relevant to your personal circumstances. Medical failure If your hernia causes you significant pain or discomfort or worsens, your doctor may recommend surgery to restore it. The type of surgery recommended by the doctor will depend on the exact nature of the hernia and the complexity of the repair. For example, repairs can be more complicated if you have had previous abdominal surgery. There are two main types of surgery to repair hernia: open and laparoscopic. (3) Open Hernia Repair For this method, you can either be under general anesthesia or local anesthesia with sedation. Your surgeon will make a large incision in your groin or abdomen, press the hernia back into your abdomen, and repair the weakened muscle where the hernia occurred. Fixing the muscle can involve either sewing it shut or if the fabric is not healthy enough to do so by strengthening it by inserting a piece of mesh into the area. Once the repair is complete, your incision will be closed with stitches (stitches), staples, or surgical glue. (4) There are several different subtypes of open hernia repair: Liechtenstein repair surgery repairbassini repairPlug-and-patch repair Liechtenstein repair is often used to treat groin hernia, the most common type of hernia. This type of hernia occurs in the groin area. In this procedure, your surgeon makes an incision in the groin, pushes the intestines or tissue back into the abdomen, and closes and removes the bag that held the tissue. Your surgeon then places the mesh over the weakened area of the muscles. Over time, the new fabric will grow over the mesh and strengthen the abdominal wall. The advantage of using a mesh is that it does not put any tension or pressure on the abdominal wall, which reduces the risk of developing another hernia. In repairing the shouldice, after pushing the intestines or other tissues back into the abdomen, your surgeon creates flaps with four layers of tissue known as fascia. These layers of tissue are then overlapped and stitched together using steel sutures, which helps to strengthen the weakened area of the muscles. In repairing Bassini, your surgeon pulls together the muscles to cover the original hole in the abdominal wall and stitch them together. This type of operation is usually done only when the mesh repair is not for example, when part of the intestine should be removed due to hernia complications. In plug-in and patch repair, your surgeon places a fork from the mesh in a hole created by a hernia. This plug is then secured by suturing the patch over it. (3) Labaroscopic hernia RepairLaparoscopy is a minimally invasive method that uses several small incisions in the abdomen to perform surgery. This is usually done under general anesthesia. Your stomach is gassed and your surgeon inserts a flexible tube containing light and a tiny camera into one incision to guide the operation. Surgical instruments are inserted into other incisions. Laparoscopy can lead to faster healing and less discomfort and scarring than open hernia repair. It can also help the surgeon avoid scar tissue from a previous hernia repair. But according to the Mayo Clinic, laparoscopic hernia repair can carry a higher rate of surgical complications and recurrence of hernias than open hernia repair. (4) There are two main types of laparoscopic hernia repair: Completely extraperitoneal repair Transabdomynal pre-peretonal repairIn a completely extraperitonic repair, your surgeon makes three incisions in your abdomen and inserts a balloon that inflates to make the area more visible. The tissue is removed from the hernia sac, and the mesh is placed over the weakened muscle area. The incisions are closed with stitches. Transabdominal preperitoneal repair is similar, except that it is performed using only one incision in the groin. (3) ANSWER: 7 Surprising Facts About Anesthesia Anesthesia umbilical hernia in adults symptoms. umbilical hernia in adults treatment. umbilical hernia in adults surgery. umbilical hernia in adults pictures. umbilical hernia in adults home remedies. umbilical hernia in adults nhs. umbilical hernia in adults when to worry. umbilical hernia in adults recovery time

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