

UMBILICAL HERNIA REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SURGERY • 887 CONGRESS ST, SUITE 400, PORTLAND, ME • (207) 662-5555

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Signs of incarceration and/or strangulation – Vomiting, distended abdomen, pain at umbilicus with firm bulge, irreducible

Labs - none

SUGGESTED PREVISIT WORKUP

Imaging - none

Brief attempt at reduction with slow constant pressure

And

Call our office number (207) 662-5555, 24hrs/day, 7 days/week

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Child is 5yo with persistent reducible hernia, or < 5yo but large redundant skin (“proboscis” – see below)

EXAM/Symptoms: Reducible, asymptomatic (although parents sometimes may question whether a source of abdominal pain/constipation, but typically not)

Labs - none

SUGGESTED WORKUP

Imaging - none

RECOMMEND: Call our office for surgical referral: (207) 662-5555

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Child is asymptomatic and less than 5 years old

EXAM: Reducible hernia

Labs - none

SUGGESTED MANAGEMENT

Imaging - none

RECOMMEND: Continue watchful waiting with rechecks at well-child visits

CLINICAL PEARLS

- Ask parents to avoid pressure dressings or compression (“the coin”) to aid in closure, as this will only risk skin breakdown and exposure of bowel.
- Incidence of incarceration for umbilical hernias is vanishingly small at only 0.2% (2 in a 1000)
- Spontaneous closure without operation by age 5 is 95%.
- Hernias with large redundant skin that would require surgery to remove the hanging skin even if the fascia closed spontaneously (AKA “proboscis”; pictured) can be sent for repair at any age, though we will often wait to fix until older than 2 years.



Maine Medical
PARTNERS