

UMBILICAL HERNIA REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SURGERY • 887 CONGRESS ST, SUITE 300, 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

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.