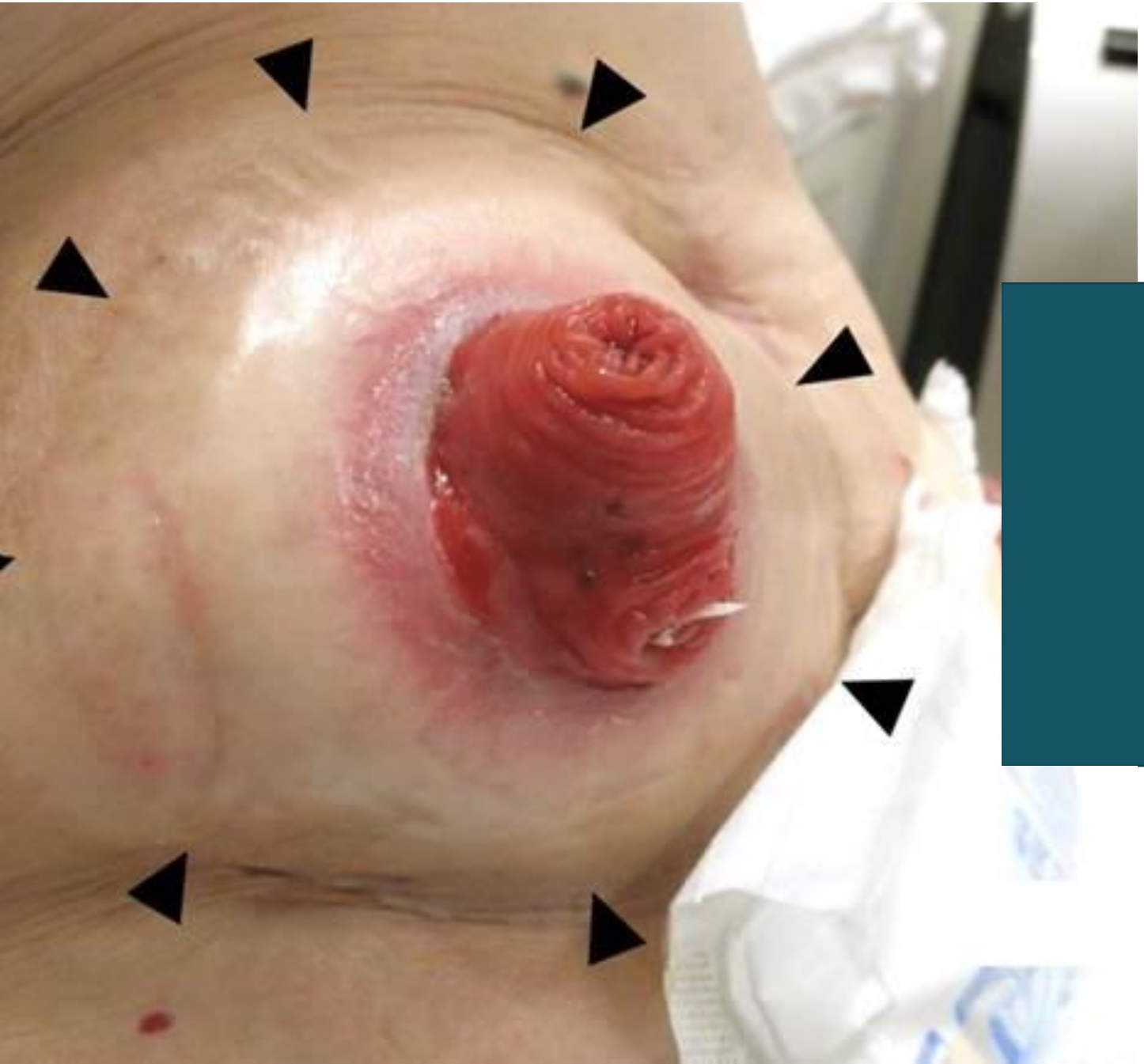


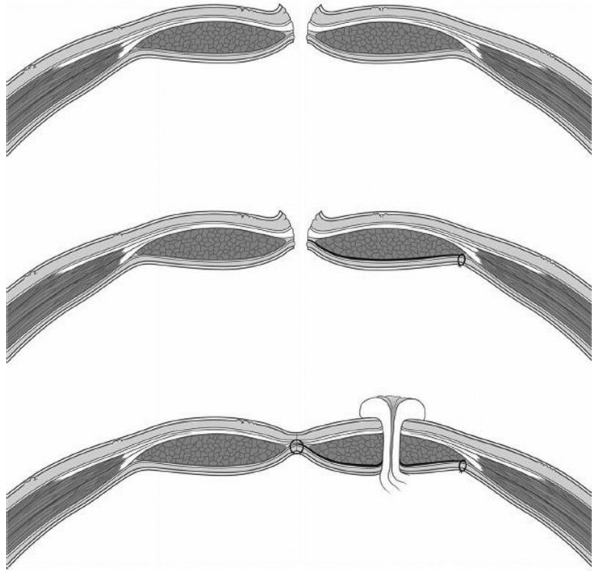
Parastomal Hernia

Melissa Cunha
Colorectal Surgeon

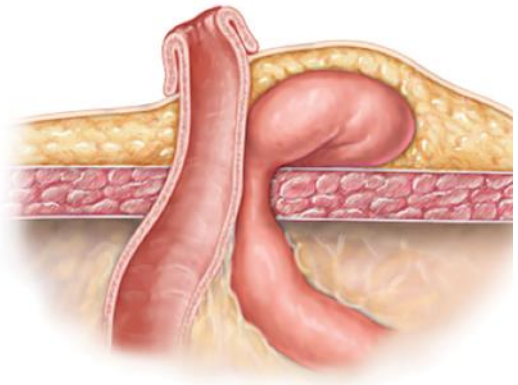
WHAT IS A PARASTOMAL HERNIA?

When a stoma is formed, the surgeon brings the end of the intestine out through the abdominal muscles. The latter provide support for the stoma but, by making an incision in the muscle, a potential weakness is created.

A parastomal hernia is a bulge or swelling around/under the stoma



This can occur when the edges of the stoma come away from the muscle, allowing abdominal contents (usually a section of bowel) to bulge out through the abdominal wall.



INCIDENCE

EUROPEAN HERNIA SOCIETY

The overall incidence of parastomal hernia is unknown, but is estimated:

- 30% by 12 months
- 40% by 2 years
- 50% or higher at longer duration of follow up.

WHAT ARE THE RISK FACTORS?

PATIENT RELATED

- Muscles becoming weaker with age (age > 60 years)
- Obesity with body mass index (BMI) > 30 kg/m²
- Waist circumference > 100 cm
- Diabetes
- Smoking tobacco
- Infection at the site of the stoma, main wound or collections
- Hard physical labour as a relative risk factor
- Chronic cough and/or *chronic obstructive pulmonary disease* (COPD)
- Constipation
- Steroid therapy
- Eating or immune disorders and collagen metabolism disorders

SURGICAL RISK FACTORS

Poor siting of the stoma

Emergency surgery

Type of stoma:

- end colostomy – 4.0–48.1% (mean: 15.3%)
- loop colostomy – 0.0–30.8% (mean: 4.0%)
- end ileostomy – 1.8–28.3% (mean: 6.7%)
- loop ileostomy – 0.0–6.2% (mean: 1.3%)

Surgical technique

WHAT ARE THE RISK FACTORS?

SURGICAL RISK FACTORS

CIPHER STUDY

Observational Cohort Study looking at the prevention of Parastomal Hernia

Be trained at how to radiologically assess CT scans

Assess 400 CT scans over 6 months*

Applicable to all Surgical SpRs within the UK

Incentives for participation include authorship on study publications*

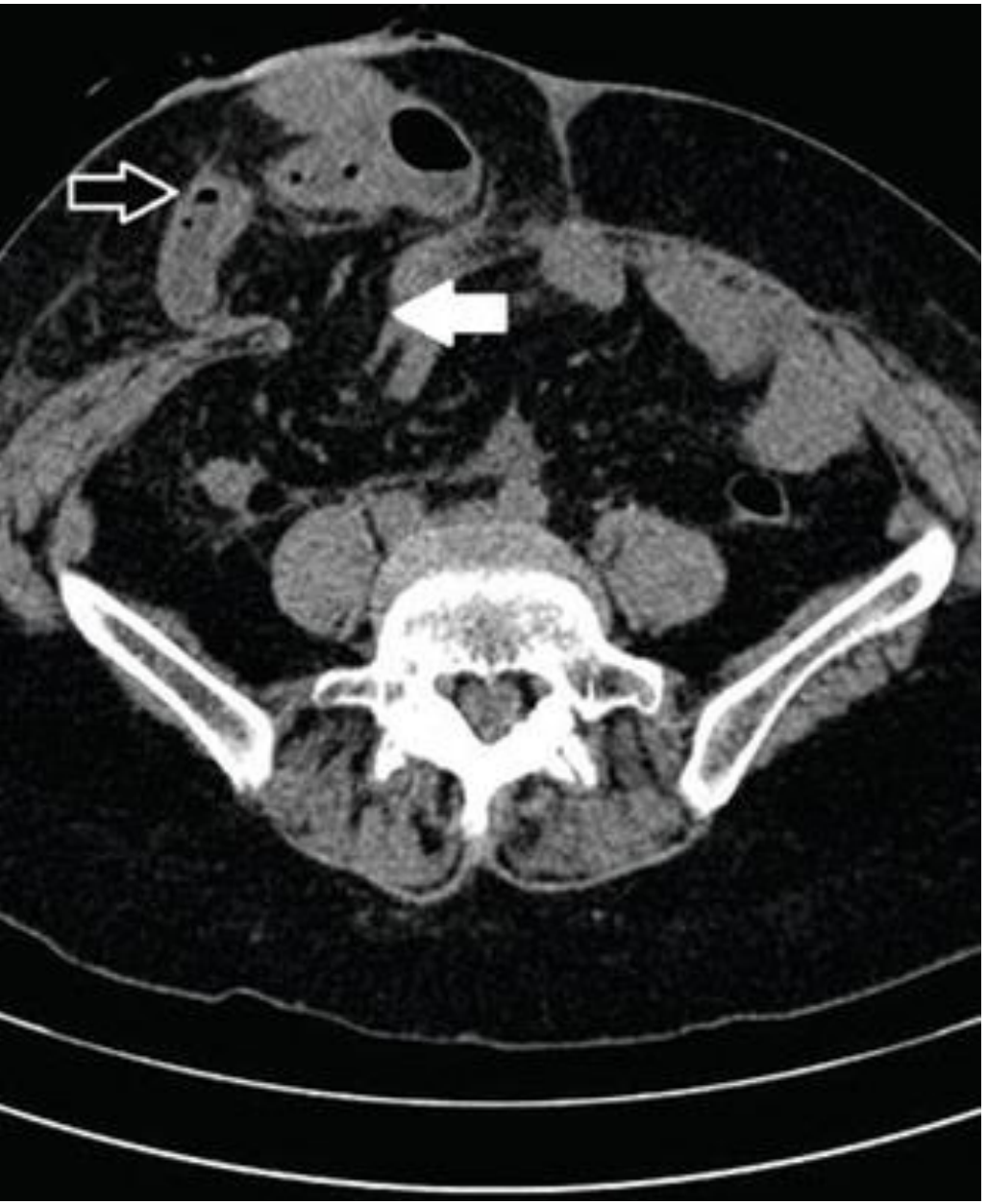
Learn a new skill relevant for CCT

Trainee Lead:
Miss Niroshini Rajaretnam

Email: niro@rajsys.net

*subject to the Memorandum of Understanding

HTA No: 14/166/01 IRAS No: 201605



DIAGNOSIS

SYMPTOMS

Changes in stoma function

Pain on or discomfort when coughing or lifting

Pain around stoma

Bloating

Difficult to keep appliance on – leakages

Strangulation – bowel trapped

SIGNS

Bulge

Cough impulse

TESTS

CT scan

Ultrasound

PREVENTION

PREVENTION

For three months after surgery:

• Avoid heavy lifting, heavy pushing, overstretching/reaching or fully using your abdominal muscles.

• Support your stoma and abdomen when you cough and sneeze.

PREVENTION

After 3 months:

Avoid gaining weight
Try to lose weight if you need to
Take regular exercise

Avoid heavy lifting and, when you do lift anything heavy, remember to:

- Wear a support garment (belt or underwear)
- Place your feet apart
- Keep your back straight and bend your knees
  Straighten your legs to lift
- Keep the object you are lifting close to your body

TREATMENT

WATCH AND WAIT

STOMA NURSES

- Advice on stoma appliances
- Adhesive adjuncts

SUPPORT GARMENTS

- Belts
- Girdles
- Pants
- Boxershorts

EXERCISES

- Core exercises
- Avoid gaining weight
- Avoid coughing/straining

SURGERY

ABSOLUTE INDICATIONS

- Strangulation
- Obstruction (blockage)
- Parastomal fistula
- Perforation (hole)

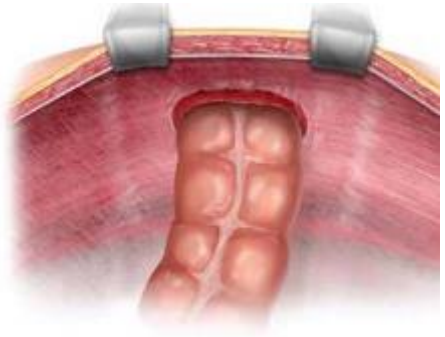
RELATIVE INDICATIONS

- Incarceration
- Leakage
- Skin problems
- Inability to accept the stoma aesthetically
- Prolapse or narrowing

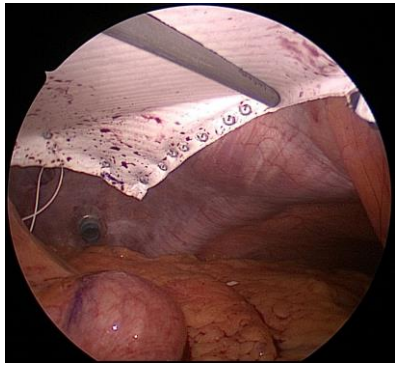
SURGICAL OPTIONS

No clear winner

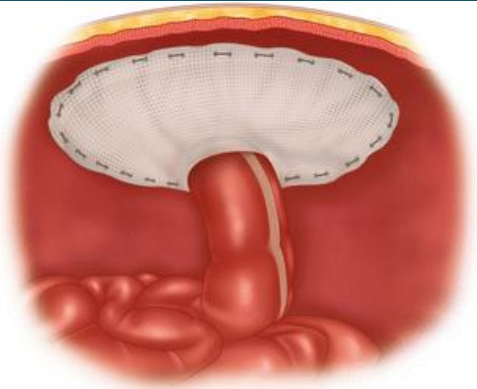
SUTURE REPAIR



LAPAROSCOPIC (KEYHOLE)



OPEN



RESITING

COMPLICATIONS

Bleeding

Infection

Build up of fluid (seroma)

Damage to nearby structures (bowel, vessels and nerves)

Chronic pain

Mesh infection

Mesh erosion

Stoma problems:

- Poor blood supply
- Narrowing

High risk of recurrence

SUMMARY

Parastomal hernias are common and increase in incidence over time following surgery.

The historical evidence base for the prevention and treatment of PSH is based on poor quality studies.

New studies should help in guidance best surgical practice.

THANK YOU

BIRMINGHAM

Ileostomy & Internal Pouch Association

Birmingham

QUESTIONS?