

Parastomal Hernias

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What is a parastomal hernia?

The term parastomal hernia is used to describe a bulge or swelling around/under the stoma that leads to problems with stoma function and appliance security. This usually occurs gradually and the hernia may increase in size over time.

When a stoma is created, the surgeon generally brings the end of the intestine out through the abdominal muscles, which provide support for the stoma. By making an incision in the muscle, a potential weakness is created. A parastomal hernia can occur when the edges of the stoma come away from the muscle, allowing abdominal contents (usually a section of bowel) to bulge out.

Surveys have reported that, over time, up to 70% of ostomates develop a parastomal hernia; the longer a stoma is present, the more likely it is that a hernia will occur. Not all hernias give rise to symptoms.

What causes a parastomal hernia?

There are many factors that contribute to the development of a parastomal hernia including:

- coughing and sneezing;
- straining: this can happen when lifting heavy objects or during strenuous activities such as gardening;
- infection at the site of the stoma or abdominal wound;
- muscles becoming weaker with age;
- being overweight;
- poor siting of the stoma; or
- emergency surgery.

Are there any complications associated with a parastomal hernia?

The extra bowel within the abdominal wall can make the functioning of the stoma unpredictable, alternating between constipation and diarrhoea.

There is often pain at the stoma site or abdominal pain that is often felt in the centre of the abdomen.

As the bulge develops, the stoma can become reduced in the size or retracted (sunken or within a dip in the abdominal wall).

A rare complication is where a section of intestine becomes trapped within the hernia. This can lead to obstruction or strangulation. If this happens, emergency surgery is required.

What problems can a parastomal hernia cause?



Some people complain of a dragging and dull ache around the hernia, especially at the end of the day or when they have been particularly active.

As the hernia increases in size, the shape of the stoma can change making it difficult to attach a pouch which may cause problems with leakage.

The surrounding skin can become tightly stretched and may become quite fragile making it more susceptible to breaking down or being torn when the pouch is removed.

A hernia may affect stoma irrigation. It can become more difficult or time-consuming to introduce the water. The resulting output may be less satisfactory.

Understandably, the larger the hernia becomes the more difficult it is to conceal beneath clothes and this can cause embarrassment.

Practical hints and tips for managing a parastomal hernia

It is important that the stoma continues to function regularly and normally. If the stoma stops working seek advice from a healthcare professional as an obstruction may have occurred and this will need immediate attention. Securing a pouch around the hernia may be difficult. However, specially designed products that provide extra security are available:

- Flange extenders.
- One and two piece pouches with an adhesive border that can mould around the hernia and therefore achieve a good seal around the stoma.



Closed pouch with oval skin barrier

- Stoma pouches with a large or oval-shaped flange to provide extra adhesion



Drainable pouch with adhesive border

The tightly stretched skin around the stoma can be easily damaged. However, products that protect the skin are available:



Barrier rings

- Barrier rings to protect the area immediately surrounding the stoma.
- Protective film which can be sprayed or wiped onto the peristomal skin.

If you normally irrigate check with your surgeon if it is still possible to use this method of stoma management now that you have a hernia.

What is the treatment for a parastomal hernia?

First line treatment is to wear a firm stoma support garment. There is a wide selection available in the form of belts, girdles, pants or boxer shorts. A stoma care nurse can advise on the most suitable support garment for you.



Patient applying his hernia belt

Improvements in the tone of the abdominal wall through exercise or Pilates, aimed at strengthening the core muscles, may help.

Most parastomal hernias do not require surgery. However, if the hernia is causing pain and/or becoming unmanageable, surgery can be considered. As with all operations that require an anaesthetic there are associated risks. Surgery, therefore, may not be recommended for those who are elderly and infirm or those with serious heart or breathing problems. Having a hernia repair does not guarantee it will not recur.

There are different methods of repairing a hernia: some will be carried out through an incision in the abdomen (open surgery) others can be done by keyhole surgery (laparoscopically).

A tissue repair at the site of the hernia is a relatively simple procedure, but there is a high risk of the hernia recurring.

Repair and re-siting of the stoma to another location on the abdomen is a bigger operation involving a larger incision, but the chance of the hernia recurring is lower.

Repair and reinforcement of the hernia site with mesh carries a very small risk of infection but the chance of the hernia recurring is lower.

When considering an operation to repair a parastomal hernia always ask the surgeon about the technique that they propose to use. Only have surgery if the first-line measures have not worked or if you have been admitted to hospital with a complication.

Can parastomal hernias be prevented?

Below are some suggestions which may reduce the likelihood of developing a hernia:

For three months after surgery

- Avoid heavy lifting
- Support your stoma and abdomen whilst coughing

And then

- Try to maintain good posture at all times, consider Pilates

- Avoid heavy lifting whenever possible, but if you have to lift something remember to:
 - ♦ wear a support garment (Belt or underwear);
 - ♦ place your feet apart (one foot in front of the other), keep your back straight and bend your knees; and
 - ♦ keep the object you are lifting close to your body.
- Wear a support garment if you are doing heavy work i.e. decorating or gardening
- Avoid gaining weight, or try to lose weight if you need to
- Take regular exercise e.g. walking, swimming
- Pilates is especially suitable for ostomates and particularly good for developing stronger abdominal muscles.
- It is best to avoid high-impact exercises which involve hard jolts to the body e.g. football or squash
- It is important to check with your surgeon or stoma care nurse before undertaking any exercise programme

Four colostomates share their experience of parastomal hernias



From Pat

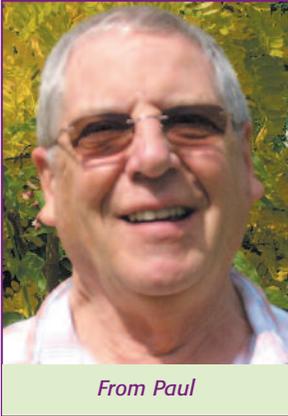
I have had a colostomy since 1996. Within a few years I developed a small hernia. It was operated on but the hernia reappeared and started to get bigger until it was the size of a half grapefruit. Shopping for clothes became painful and the latest fashions were mostly ignored. I had always loved clothes. Now I always looked lopsided. Funnily enough, though, people never noticed, until I pointed it out.

I kept thinking about another operation but was scared as I was told it would not be as easy as my first hernia repair. I was also under the impression that it may not last and I would be back to square one. Then I heard of a new procedure using a Teflon-coated webbing that was really strong and would help keep everything in place and hopefully last longer. It still took about two years before I got the courage to see my consultant and ask him about it. He told me that the operation would take one and a half hours. There would be a remarkable improvement in my appearance and I would only be away from work for about six weeks.

I was in hospital for five days – not a pleasant stay as I was quite ill and in

pain. The incision was in the same place as the original cut from my resection so at least I still only have that one scar. My tummy was swollen so I didn't see the difference at first. When I did I was ecstatic. I had to take it easy for a few weeks and went back to work five weeks after the operation.

That was in March 2009. I can honestly say it was the best decision to go ahead with the hernia repair and I would do it again, despite the aggravation. It has changed my life. I feel great.



In May 2001 I had surgery for cancer and finished up with a non-reversible colostomy. Following the operation everything seemed fine and after a couple of months I was able to start irrigation as a regular routine.

Within about six months of surgery I started to

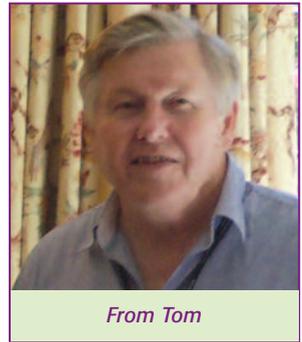
develop a parastomal hernia. At first it was about the size of a tennis ball, but gradually it increased until at times it is more like half a melon. The hernia itself has not been too much of a problem. Initially I was prescribed a specially made, corset-like belt to keep the hernia under control. The difficulty has been to find a belt or appliance that is comfortable enough to wear all day long.

I have had a number of discussions with my surgeon regarding the hernia. His response has been that he can do something with it, but it would mean another major operation and there is no guarantee of 100% success. The real answer is that, as long as I can put up with the inconvenience, it is better to leave well alone.

A word of warning though: do not ignore your parastomal hernia otherwise you could be in trouble. About three years ago I had not worn my belt for two to three days and I had irrigated as normal but without much success. I began to get a lot of discomfort, and then the pain became almost unbearable so I was admitted to hospital. I had developed a strangulated hernia: believe you me it

is not pleasant and extremely painful. The surgeon examined me and showed me how to manipulate the bowel back through the hernia. Since that time I have treated my parastomal hernia with a lot more respect.

At times I feel it is a nuisance, but at least I have got through the cancer journey, have survived, and am enjoying life to the full. Living with a parastomal hernia isn't so bad as long as you remember to be sensible and wear the correct support.



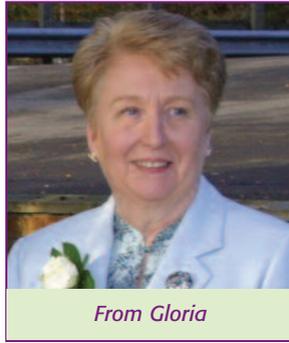
My stoma was formed in 2002 due to bowel cancer. About eight months later, while surfing the net, I compared my stoma area to others and suspected I had a hernia. At my next outpatients appointment I discussed it with the surgeon and he agreed to re-site the stoma. The operation took place a

year later and in the meantime I tried to ignore it and got on with my life.

The stoma was moved to the other side without the need for a large incision across the stomach. The site of the old stoma was reinforced with mesh to prevent the hernia recurring. I think I was in theatre for under an hour. I stayed in hospital for eight days and then spent a few weeks at home recovering.

I did have a few problems after the operation when the old stoma site became infected due to using the mesh but a few weeks of antibiotics cured that. There was some pain while the wound and the mesh settled down but now it's OK – just not pretty!

That was in 2004. I now have a small hernia around my repositioned stoma but it doesn't cause me any problems. I believe that all new ostomates should be told and told again not to lift any heavy weights or put pressure on their body during the wound healing process, and maybe shown photographs of hernias so they can see what could happen if they ignore this advice.



From Gloria

I was horrified to be told I had a hernia a few years after I'd had my colostomy surgery. (That's fourteen years ago now.) It had always bulged a bit but the bulge was getting bigger and I really thought it was soon going to be enormous.

The surgeon I consulted was quite right when he reassured me that of course it doesn't happen that way. As he said it would, it has gradually become more pronounced even though I have worn some kind of support since that time.

I really would not like to be without support, especially when out walking but even indoors or just round and about. A stumble, a missed step, and I can feel my hernia give a bit more.

My surgeon says that he will repair it if and when I want him to, but I am warned that anything other than a complete re-siting of the stoma would

not be recommended, and that the first attempt at repair gives the best chance of success. (Locally keyhole surgery is not yet possible.) So it would probably involve a few hours of surgery because of the likelihood of adhesions from the original operation. As my GP says, you don't volunteer for such extensive surgery when it isn't vital. And I do know of one or two people who have had repeated operations for hernias so I'm not sure how successful it is.

In the beginning I wasn't told I ought to wear a support, especially whilst exercising. There's no proof that was what caused my hernia but I can't help feeling that it might have helped if I had worn a belt from the start. That wasn't the advice given ten years ago, but I understand it is now.

As it is my hernia is unsightly when I am not dressed and uncomfortable if I don't wear a support. But I go on irrigating, pulling in my bulge with my firm 'Shapewear' from a high street store and hoping that I can continue this way for a long time to come. I know I'm likely to need surgery one day but hope to put it off as long as possible.

This booklet is intended for general information and guidance only. If you suspect you may have a hernia it is important to seek advice from a healthcare professional such as your stoma care nurse, GP or surgeon. If you already have a hernia it is important to stay in touch with your stoma care nurse, have regular check-ups and report any changes which may occur.

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