

Supporting and empowering ostomates



# Parastomal Hernias

[www.ColostomyUK.org](http://www.ColostomyUK.org)



Stoma helpline:

**0800 328 4257**







# 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.

The term parastomal hernia is used to describe 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.

Parastomal hernias usually occur gradually and often increase in size over time. They can lead to problems with stoma function and bag security. Up to 70% of ostomates develop a parastomal hernia, although not all hernias give rise to symptoms.



*Patient with a parastomal hernia*



# Causes

There are many things that can contribute to the development of a parastomal hernia. These include:

- Being overweight.
- Lack of appropriate exercise.<sup>†</sup>
- Straining (this can happen with heavy lifting or during strenuous activities).
- Infection at the site of the stoma or abdominal wound.
- Abdominal muscles weakening with age.
- Coughing and sneezing.
- Poor stoma siting.
- Emergency surgery.

<sup>†</sup>For a range of medically-approved exercises see our booklet: *Active ostomates: Sport and fitness after stoma surgery*.

# Complications and problems

If you suspect that you are developing a parastomal hernia you should make an appointment to see your stoma care nurse. S/he will be able to advise you on management and treatment options. It is also important to do this because in rare cases a section of the intestine can become trapped in the hernia leading to an obstruction or strangulation. If this happens, emergency surgery is required.

Parastomal hernias can make stoma functioning unpredictable, alternating between constipation and diarrhoea. They are also often accompanied by pain at the stoma site or pain felt in the centre of the abdomen. Some people also 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 bulge increases over time, the stoma can become reduced in size or retracted (sunken). This can make it difficult to attach a bag and lead to problems with leakage. The surrounding skin can also become tight and stretched, making it fragile and more susceptible to breaking down or becoming torn when the bag is removed.

Parastomal hernias can also make stoma irrigation more difficult and time consuming to introduce water. The resultant output can also be less satisfactory.



# Treatment options

Most parastomal hernias do not require surgery and the first line of treatment is to wear a firm stoma support garment. There is a wide selection to choose from in the form of belts, girdles, pants and boxer shorts. At the time of publication, many of these are available on prescription. Your stoma care nurse will discuss your options. We also publish a factsheet detailing lots of different suppliers, which you can download from our website. Alternatively call us for a copy.

If a parastomal hernia is causing pain, becoming unmanageable or you are admitted to hospital with a complication, then surgery might be considered. As with all operations that require an anaesthetic there are associated risks and so in non-emergency situations, this option may not be recommended for some patients (such as those who are elderly or have serious heart or breathing problems). It is also important to recognise that a hernia repair does not guarantee that a new one won't develop.

There are different methods of repairing a hernia. Some are carried out through an incision in the abdomen (open surgery) others are done by keyhole surgery (laparoscopically). A tissue repair at the site of the hernia is usually a simple procedure, but there is a high risk of the hernia recurring. Repair and re-siting of the stoma to a new location on the abdomen is a bigger operation involving a larger incision and obviously creates a new defect in the abdomen and a weakness at the previous stoma site. Current evidence suggests that this should be a final option. Repairing and reinforcement of the hernia site with mesh carries a small risk of infection but the chance of the hernia recurring is lower.

If you have a parastomal hernia and surgical treatment is a consideration, then your consultant will explain the above to you in more detail and answer any questions you have.

# Stoma Management

When you have a parastomal hernia it can cause problems with day-to-day stoma management. Your stoma care nurse will be able to help here and let you know about the various products that are available and which might help you.

**Securing a bag** may be difficult. This problem can be overcome by using **flange extenders** and one and two piece bags with an adhesive border that moulds around the hernia and therefore achieves a good seal around the stoma. Stoma care nurses have access to many new products some of which are designed to fit over hernias.

The **skin around the stoma** can also become tightly stretched and easily damaged as a result. Again, there are products available to address this. **Barrier rings** are useful for protecting skin immediately surrounding the stoma. **Protective film** can also be sprayed or wiped onto the skin.

If you normally **irrigate** then check with your stoma care nurse or consultant to make sure that this method of stoma management is still suitable for you.

A conservative approach to managing your stoma output with a hernia may involve taking some mild laxatives if it is difficult to pass a stool. If your stools are too loose, then dietary manipulation and/or Loperimide may be used to thicken your output. In both cases, advice should be sought from your stoma care nurse.



*Barrier rings*





