



Parastomal Hernia

What is a Parastomal Hernia?

A hernia is where the abdominal muscles have become weakened around the stoma due to abdominal surgery. This means the bowel pushes through the abdominal wall causing a bulge or bulky like appearance.

Studies have shown that around 20% of people with a stoma will develop a hernia causing a bulge to develop around the stoma. The risk increases with age and is more common in people with larger stomas.

Parastomal hernias are common clinical problems and it will depend on the severity of the hernia which determines the management. There are no specific reasons why a hernia may develop, you may not even realise you have one until you see your stoma nurse or surgeon.

Causes of a Parastomal Hernia:

- Obesity
- Age
- Coughing
- Straining of abdominal muscles
- Poor Stoma siting
- Abdominal Surgery
- Poor recovery after your operation e.g. wound infection delaying healing

How does this affect me?

In most cases hernias do not cause any pain, they can be uncomfortable at times. You may feel a 'dragging' or 'pulling' sensation, but hernias are rarely painful. It will affect body image / shape – some patients complain they look and feel lopsided.

Due to the changing shape of the bowel you may experience leakages from your stoma bag making it difficult for the pouch to adhere to the skin. Depending on the size and shape of the hernia friction from clothing may cause irritation to your skin.

You may experience recurrent issues of herniation and this can require a surgical procedure involving the re-siting of the stoma to the opposite side of the abdomen.

In some cases the stoma can become strangulated or twisted due to the hernia causing an obstruction of the bowel. As a result the stoma may stop functioning; in this case surgical intervention will be required.

What are the signs of obstruction?

- Severe abdominal pain
- Nausea
- Vomiting
- Abdominal distension
- Nil output from stoma
- Change of stoma colour

(Surgical intervention is required if these symptoms develop).

How can I prevent a Parastomal Hernia?

You can minimise the risk of developing a hernia by supporting your abdomen, especially within the first few months after surgery by avoiding lifting heavy objects.

Rolling onto your side whilst supporting your abdominal muscles when getting out of bed will prevent strain around the stoma area. Roll up a towel and gently apply support to the abdomen when coughing and sneezing.

Keeping your weight steady within a body mass index of 20 – 25 will minimise the risk of a hernia developing.

Treatment of your Parastomal Hernia:

Conservative management – You may need to consult your stoma nurse for a review of your appliances to ensure it will adhere or mould to your skin, therefore a pouch with a larger flange may accommodate the size and shape more effectively.

Your stoma nurse will measure you for an appropriate hernia support belt to minimise the dragging sensation of your hernia and giving you a better body shape. We recommend you use a support belt for at least 12 months after your surgery.

Surgical intervention might be indicated in some cases to correct the defect in the abdominal muscle.

A recurrence of a hernia can result in the need for surgery. There are a two ways in which surgery can be performed:

1. Laparoscopic Parastomal Hernia Repair (Prosthetic Mesh)
2. Laparotomy/Relocation of Stoma (Open Abdominal Surgery)

Both these options will be discussed by your surgeon.

Summary

Prevention is better than cure, taking the necessary preventable measures will save a lot of concern and minimise possibility of further surgery in the future.

If you are concerned that you may have developed a hernia or it has increased in size or worried you have a recurrence of a hernia then consult your stoma nurse for an appointment.

The development of a parastomal hernia creates multiple quality-of-life issues. It is your stoma nurse that will educate you on how the progression of a hernia can be prevented within the future.

Information for Patients

References:

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Lyon C and Smith A (2010) Abdominal Stomas and Their Skin Disorders- An Atlas of Diagnosis and Management 2nd ed. London: Informa Healthcare

Sugarbaker PH (2013) Paraostomy Hernias: Prosthetic Mesh Repair. Official Journal of the American Society of Abdominal Surgeons (online) Available at: <http://www.abdominalsurg.org/journal/2014> [Accessed 27th January 2015].

Thompson M J, Trainor B (2005) Incidence of parastomal hernia before and after a prevention programme Gastrointestinal Nursing 3(2): 23-7.

Useful Contacts

University Hospital Birmingham NHS Foundation Trust:

Colorectal Nurse Specialist Teams (24 hour answerphone)

Heartlands/Solihull Hospitals Telephone: 0121 424 2730

Good Hope Hospital Telephone: 0121 424 7429

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Follow us on Twitter [@uhbcolorectal](https://twitter.com/uhbcolorectal)

Further sources of information:

Ileostomy Association

Birmingham branch: 0121 3552745/07842 555070

Email: Mike Jameson mike.jameson@iasupport.org

www.birmingham.iasupport.org

Colostomy UK

Helpline open 24 hours a day: 0800 328 4257

hello@colostomyuk.org

www.colostomyuk.org

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