

Parastomal Hernia

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- This information is for educational purposes and please see your usual STN if you have any concerns.
- Any patient images have had patient consent for use for education.
- No one product is favored over another.

Disclaimer



**AIMS
&
OBJECTIVES**

**Understand about hernia development
Different types of parastomal hernia.
Ideas to help care for parastomal hernias.**

A **hernia** occurs when an *organ* or *fatty tissue* squeezes through a weak spot in a surrounding muscle or connective tissue called fascia.

A *para-stomal* hernia is where some part of the abdominal contents, usually the intestine, pokes through the opening in the abdominal musculature created for the stoma (Birch, 2018)

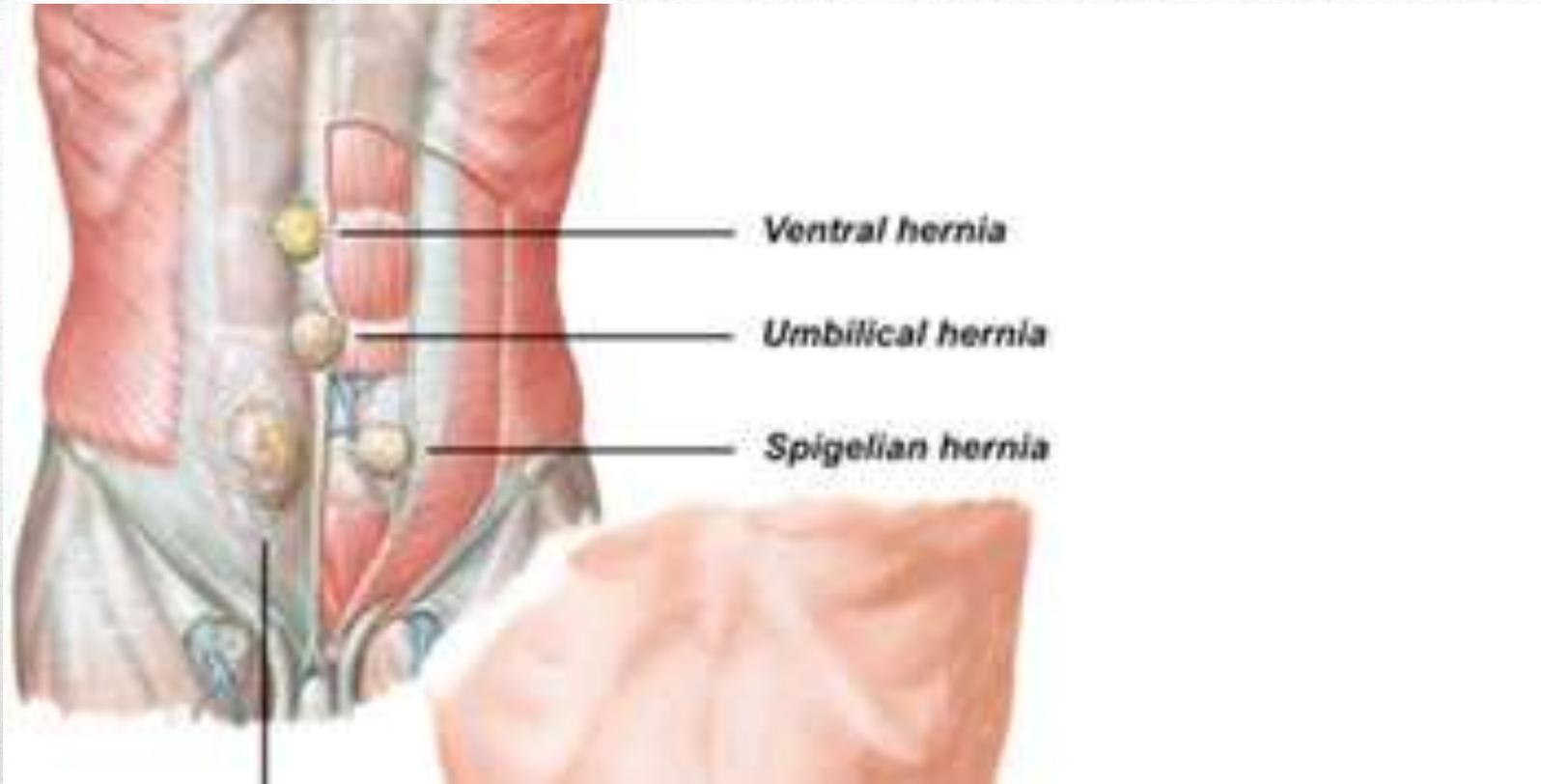


What is a hernia?

- hiatus hernia
- umbilical
- epigastric
- femoral
- inguinal
- healed or healing wounds
- / incisional
- diaphragmatic
- herniated disc (back)



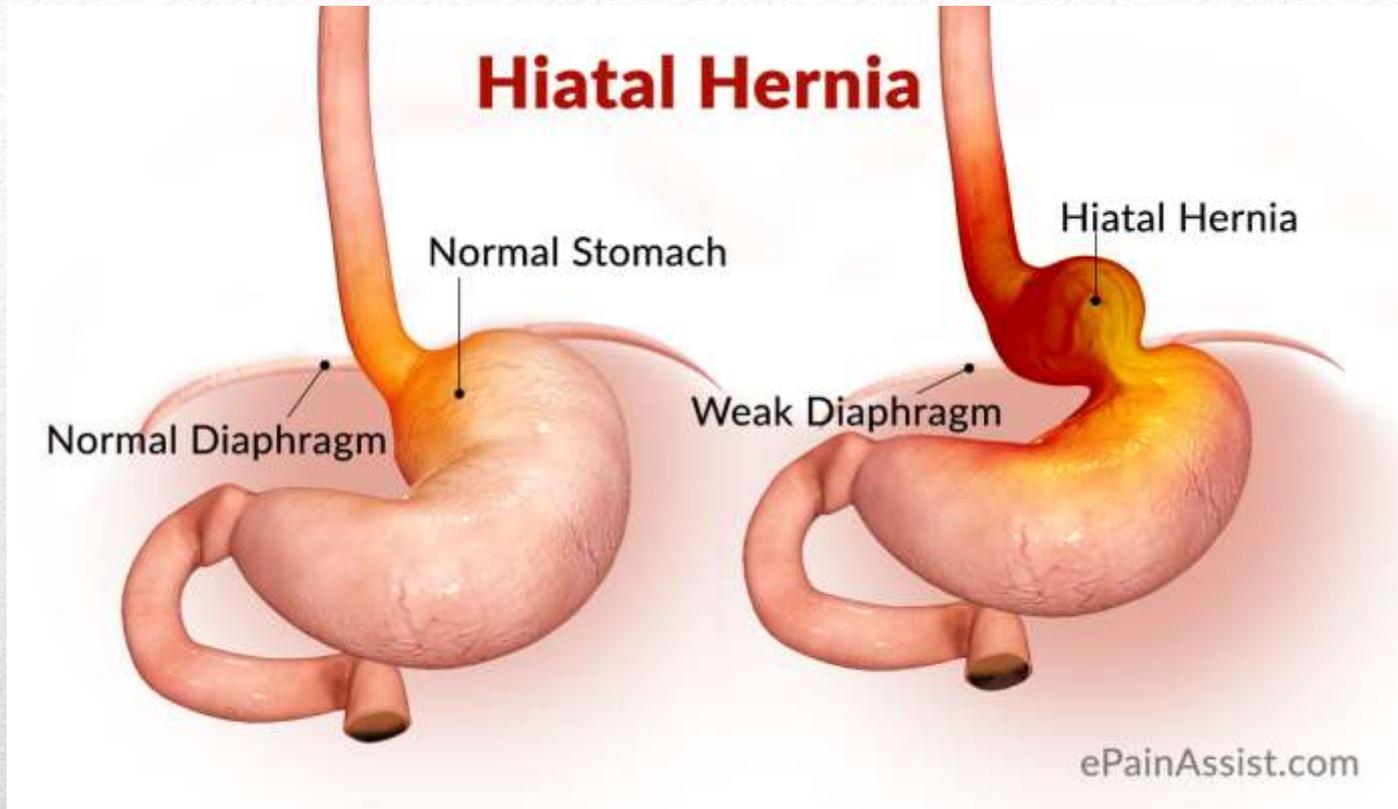
Common & uncommon hernia sites



Common sites

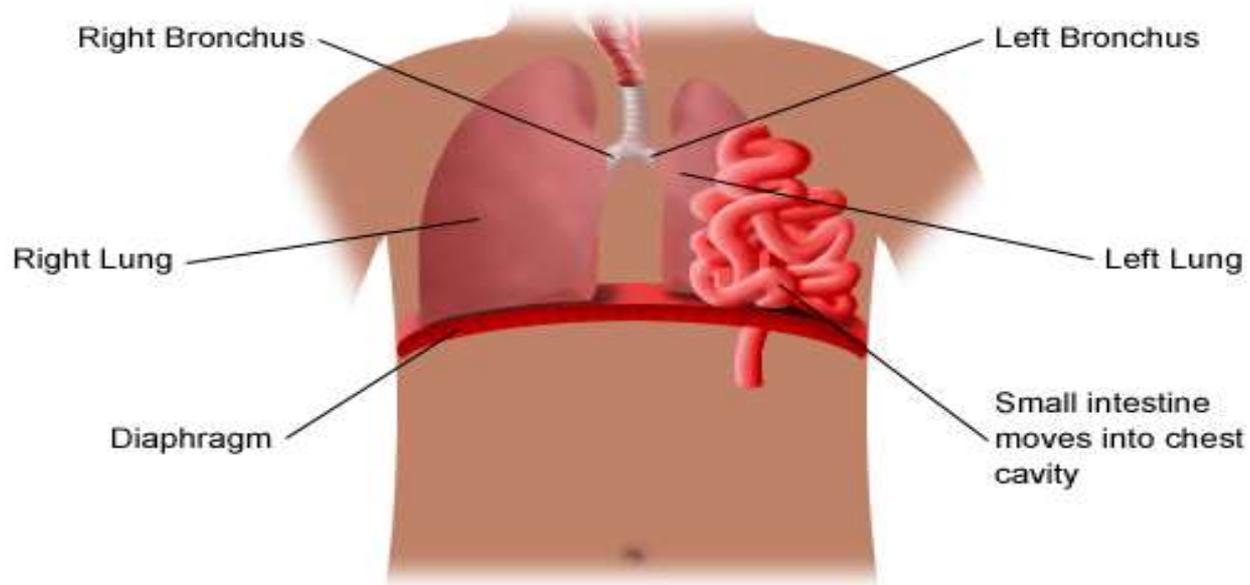


Inguinal hernia



Hiatus hernia

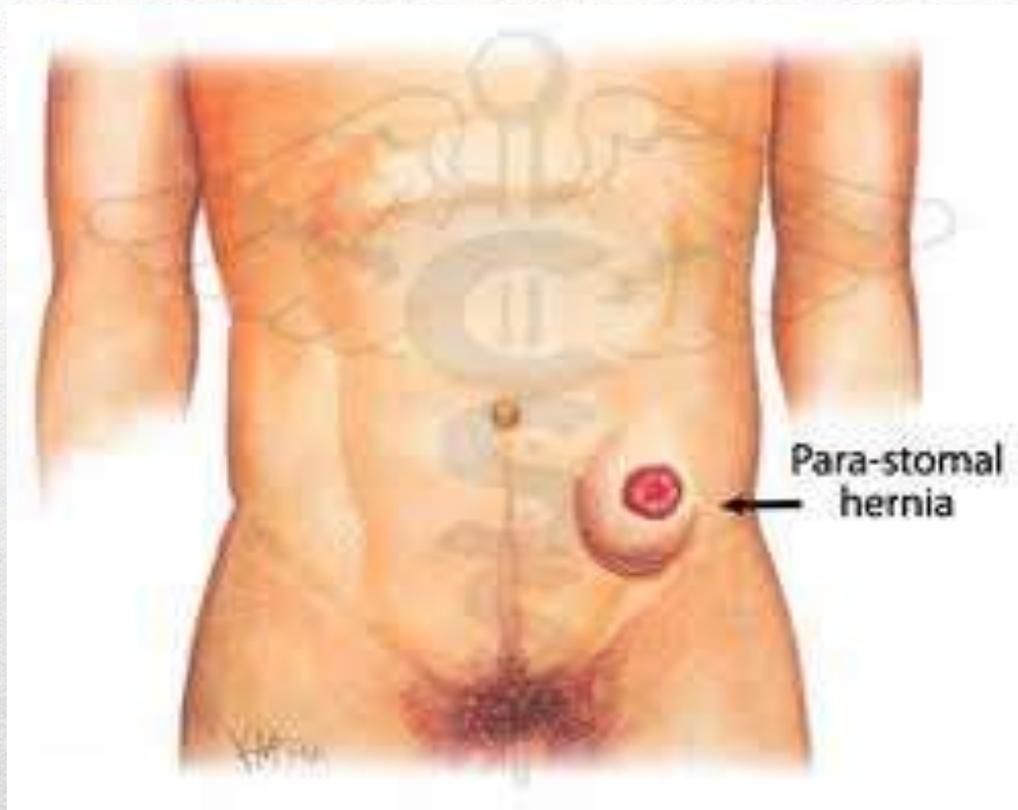
Congenital Diaphragmatic Hernia



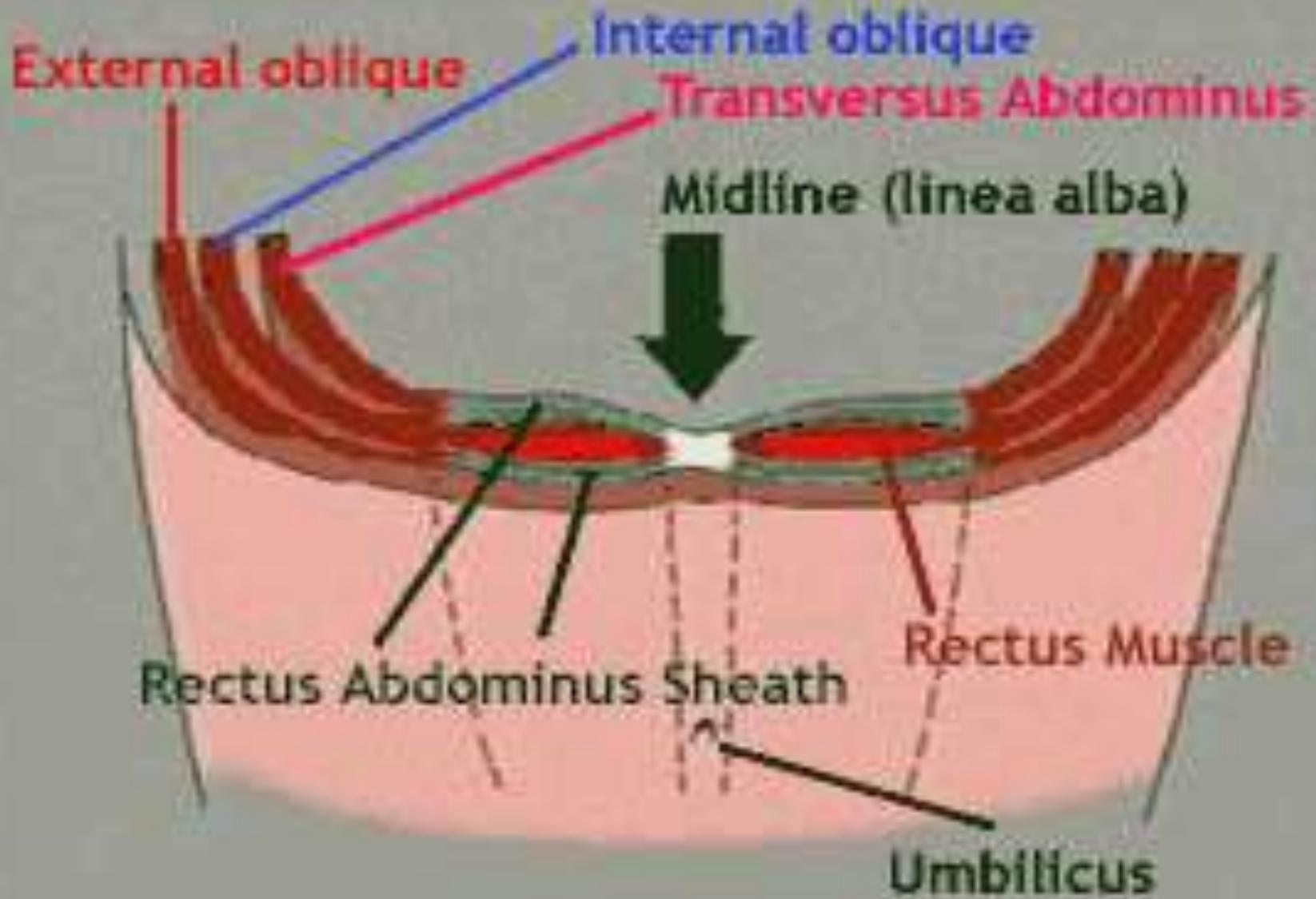
Diaphragmatic Hernia



Hernias happen !

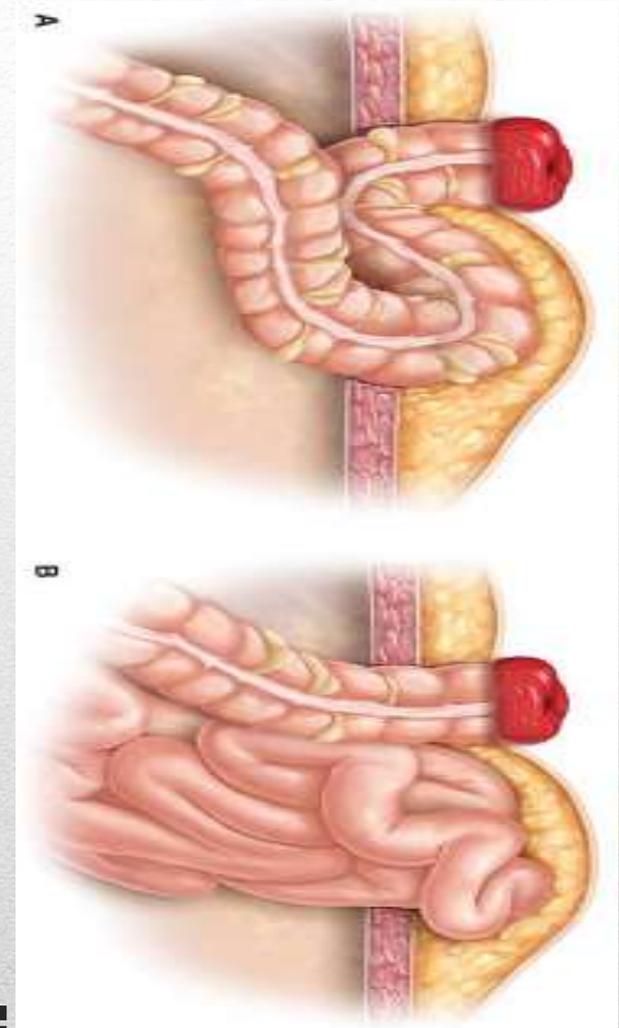
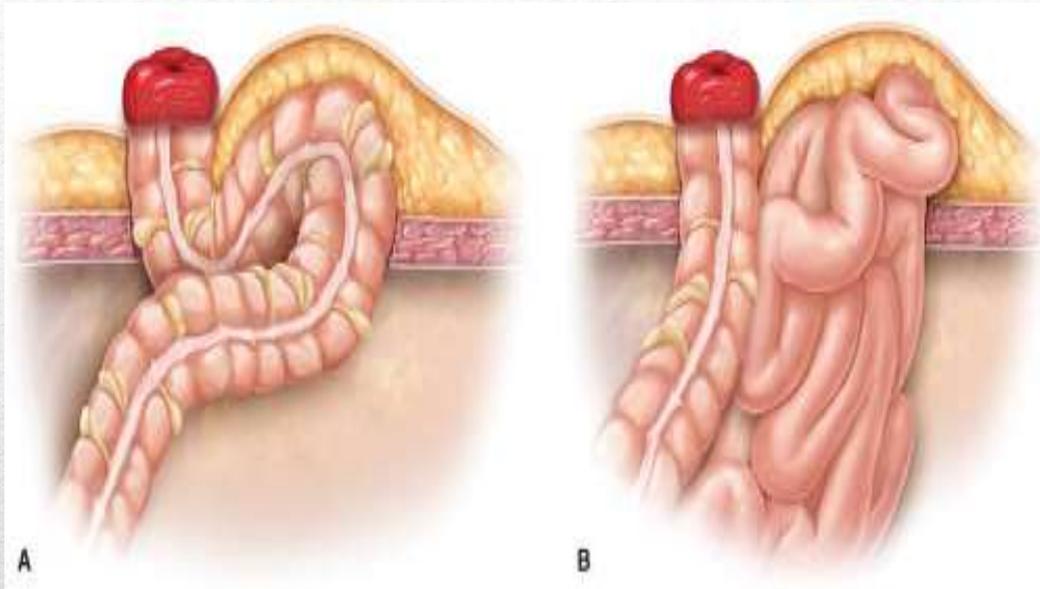


Parastomal Hernia





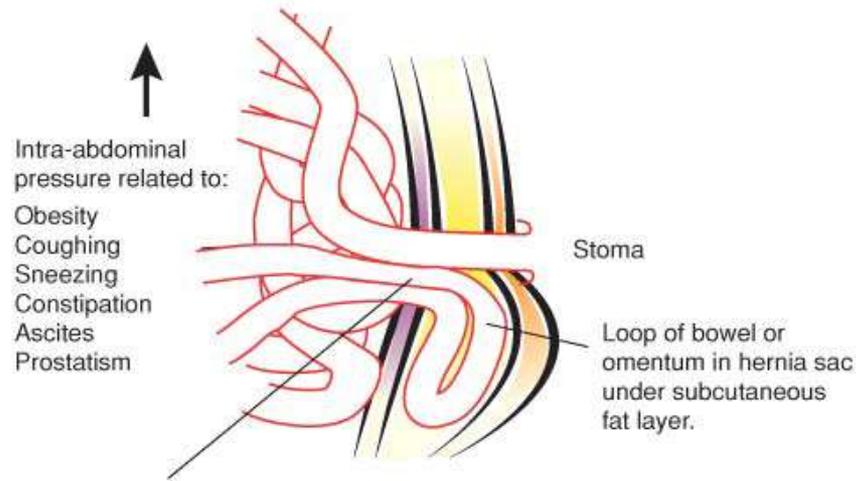
Six pack



Parastomal hernia

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DEVELOPMENT OF SUBCUTANEOUS HERNIA

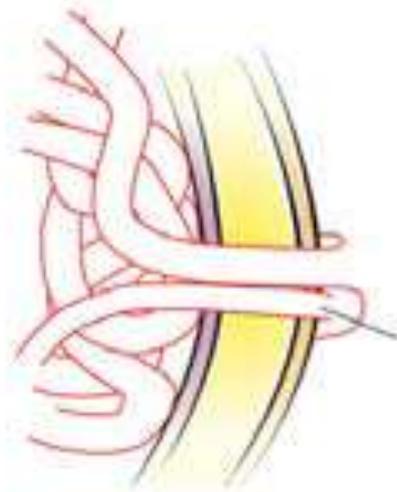


Opening in abdominal layer through which bowel is exteriorized to make stoma. If opening too big, muscles too weak or intra-abdominal pressure too great a hernia may develop.

Subtypes

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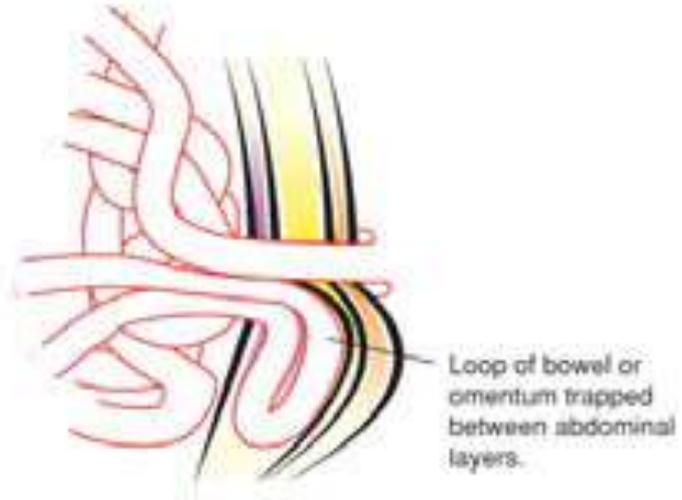
INTRASTOMAL HERNIA



In a spout ileostomy a loop of bowel may herniate up beside the ileum and be trapped beneath the everted layers of stoma. This has potential to prolapse if too much pressure.

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INTERSTITIAL HERNIA



- Reports vary 25 – **50%** parastomal hernia (Thompson and Trainor 2005; Donohue et al 2014)
- **2020 true incidence not known**
- **1/4** of patients developed a parastomal hernia within **one** year of surgery (Thompson and Trainor 2005)
- **Prevalence estimated 25-30% @ 12 months**
- **1/4** or 26% of respondents to an online survey (10 000 people surveyed & only 2631 responded) reported having had a medically confirmed parastomal hernia (Russell 2017)
- **58%** patients reported a parastomal hernia in another study (only 28% of surveys returned) (Cowan and Redmond 2012)
- Russell, S 2020 Parastomal hernia: improving quality of life, restoring confidence and reducing fear. The importance of the role of the stoma nurse specialist. WCETVol 40 (4) December 36-39

Incidence

- Any condition that increases the pressure of the abdominal cavity may contribute to the formation or worsening of a hernia
- age prem v's older?
- obesity, malnutrition
- heavy lifting, heavy exercise
- straining during a bowel movement or urination,
- smoking (x4 > risk), chronic lung disease, coughing, sneezing
- fluid in the abdominal cavity, post-operative haematoma – blood clot
- childbirth
- pregnancy
- medications e.g. steroids
- congenital connective tissue diseases – Ehlers-Danlos Syndrome(EDS)
- malignancy
- dual stomas
- laparoscopic v's open surgery

Causes of a hernia

- New lump
- Painless lump → severely painful
- Tender, swollen bulge of tissue that you are unable to push back into the abdomen
- Abdominal or pelvic pain can be part of the symptoms of many hernias.
- Sometimes pain precedes lump formation
- Lump increases in size when standing & sitting
- May be worse at the end of the day, feel heavier, “dragging”
- Difficulty getting appliances to remain intact
- Skin tight, thin & cracked or peeling
- Negative impact on life – difficulty managing activities
- Shape difficult to hide under clothing
- Altered physical shape and self image

Signs & symptoms





Incisional
hernia

Umbilical
hernia





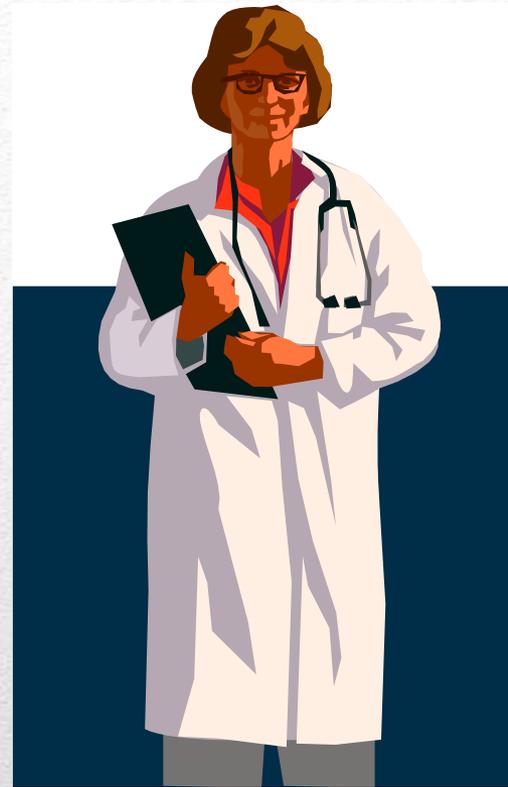
- STN
- GP
- Surgeon
- Ostomy Association
- Company
- Take a picture & email or text it to someone you have spoken with
- Severe pain seek emergency help

What do I do?





- Measure, discuss, review & fit garment
- Obtain one first to see if correct sizing & comfortable
- Then order another so one can be in the wash & one worn.
- Available in many colours, sizes & strengths
- No hole in garment necessary (North & Osbourne 2017)
- If wearing a support garment long term then review at least yearly
- Advise about exercise & diet
- Referral to other services



STN role

- Guidelines (UK) advised **no heavy lifting for 3 months**
- 3 monthly review STN commence;
 - 1) *Education* – risks parastomal hernia
 - 2) *Measure* - support garment to wear when undertaking heavy lifting
 - 3) *Teach* patients abdominal exercises – to be done daily for 9 months
- 6 & 9 month F/U for STN R/V program & education (Thompson & Trainor 2005)
- Northern Irish study strong abdominal muscles + regular exercise less likely to develop parastomal hernia
- me+™ recovery YouTube
- 3 phases: Green= foundation, Blue = Making progress, Purple = progression
- Exercise physiologist + GP ok

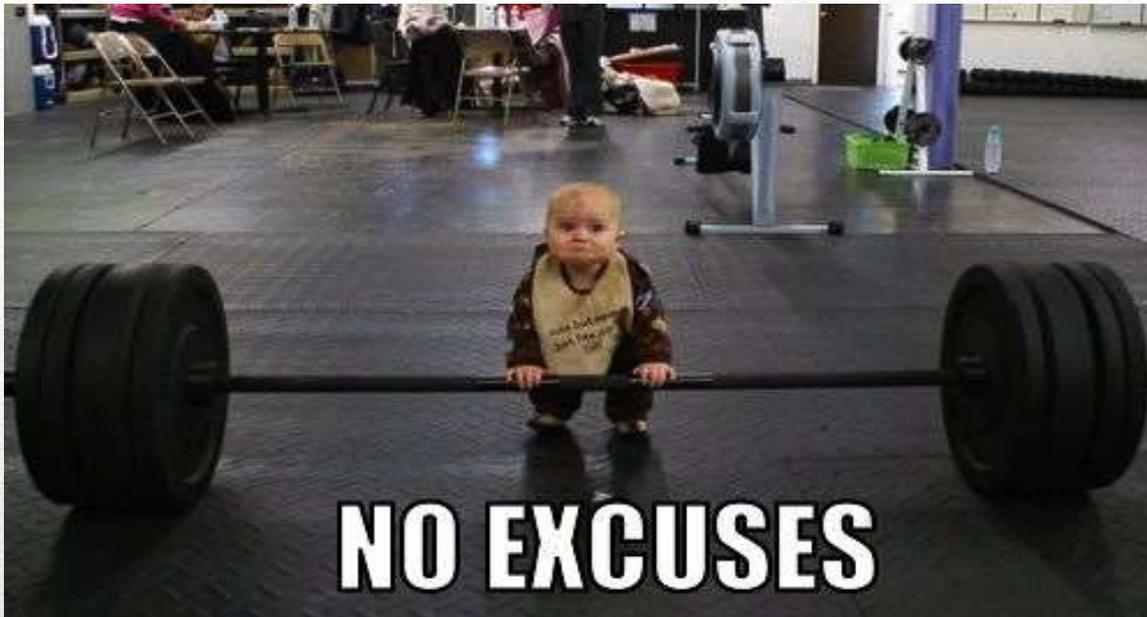
Exercise



**NOTHING SAYS
I ❤️ YOU**



What a keeper....





**EXERCISES WITH
AN OSTOMY**



Abs are fabs!!!!

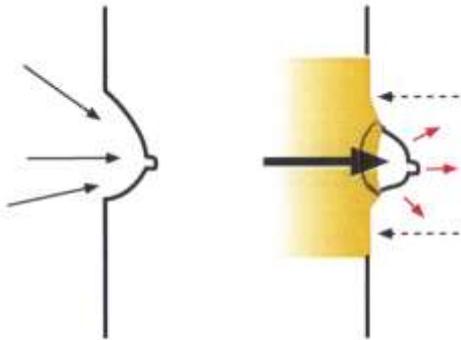
- Maintain a healthy diet.
- Maintain regular bowel pattern
- Avoid constipation (straining / pushing)
- Avoid straining with urination



Diet

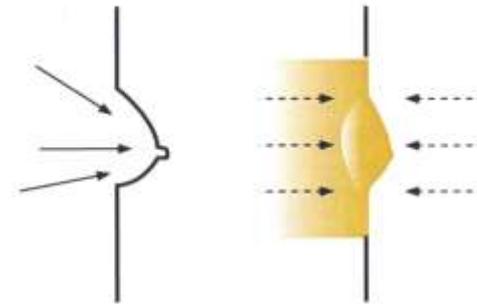
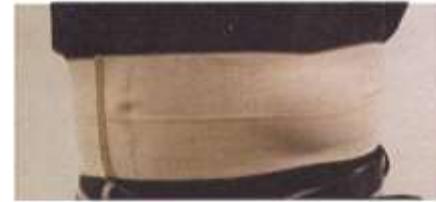


Support garments



Belt with a hole:

Pressure behind hernia focussed at the hole forcing hernia/stoma outward.

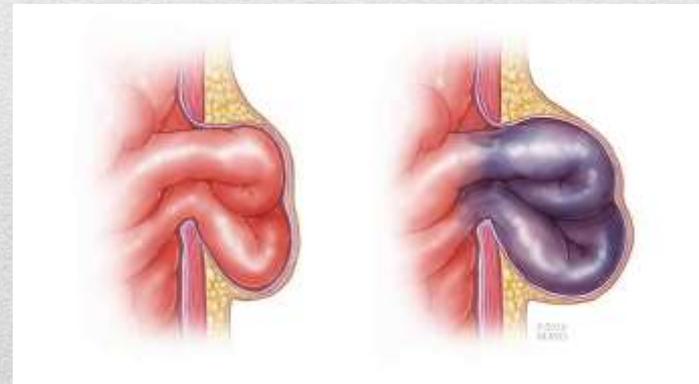
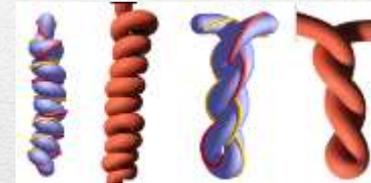


Full support belt:

Covers stoma/hernia completely and balances inward and outward pressure. Flexible material and proper adjustment allows the stoma to function normally under full support.

Hole or no hole?

- Occlusion
- Twisted
- Compressed
- ↓ blood supply
- Strangulated
- EMERGENCY



What to be aware of?

- Shape change, aesthetically embarrassing
- Stoma inactive for a number of days and...
- ↑ pain ? strangulation or obstruction.
- Poor colostomy irrigation result
- Management problems.
- Psychological distress.



When to be concerned?

- ✓ “Watchful Waiting” = conservative no surgical intervention for a patient with no or minimal symptoms
- ✓ Surgical repair when conservative measures are not successful
- ✓ Laparoscopic +/- robotic or open

Three surgical alternatives;

- Stoma Relocation
- Repair of hernia
- Repair of hernia with Sheet (s) - Mesh
- Patches
- Plug
-

Management Options

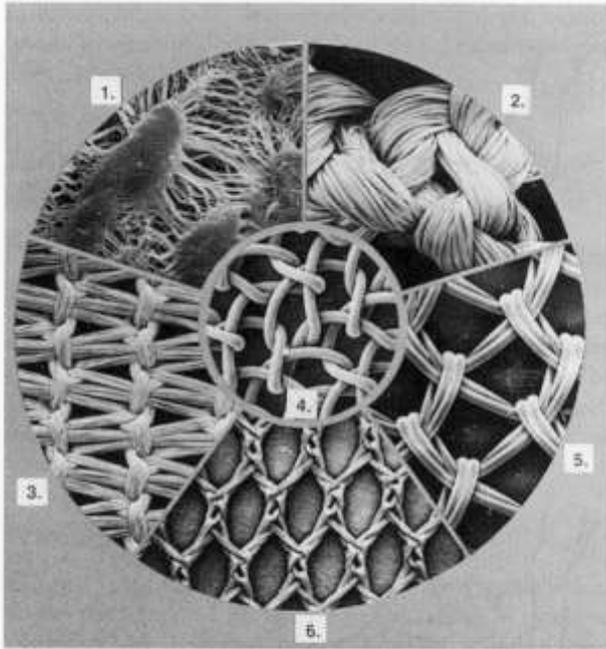
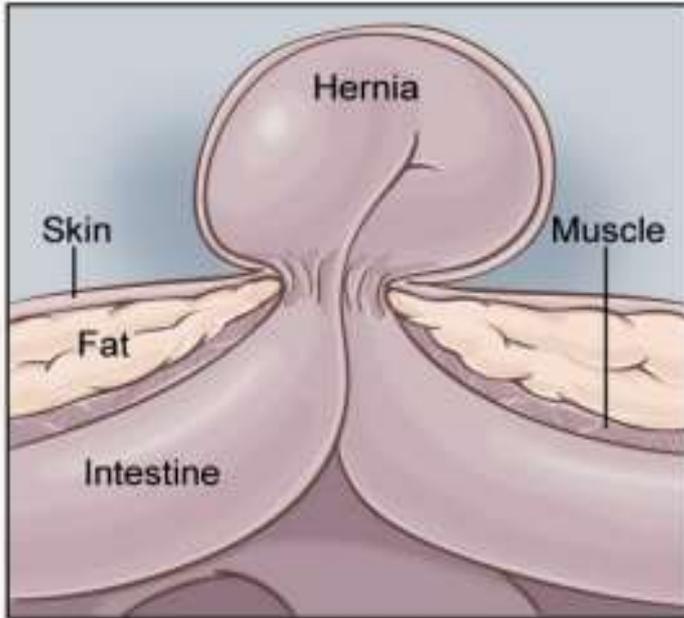


FIGURE 47.3. Scanning electron micrographs of 1, Gore-Tex (original magnification $\times 1,110$); 2, Teflon mesh (E.I. du Pont de Nemours) ($\times 35$); 3, Surgipro ($\times 17$); 4, Marlex ($\times 17$); 5, Prolene ($\times 17$); and 6, Mersilene (Ethicon, Somerville, NJ) ($\times 17$). (From Amid P, Schulman A, Lichtenstein I, et al. Biomaterials for abdominal wall hernia surgery and principles of their applications. *Langenbecks Arch Chir* 1994;379:168–171, with permission.)

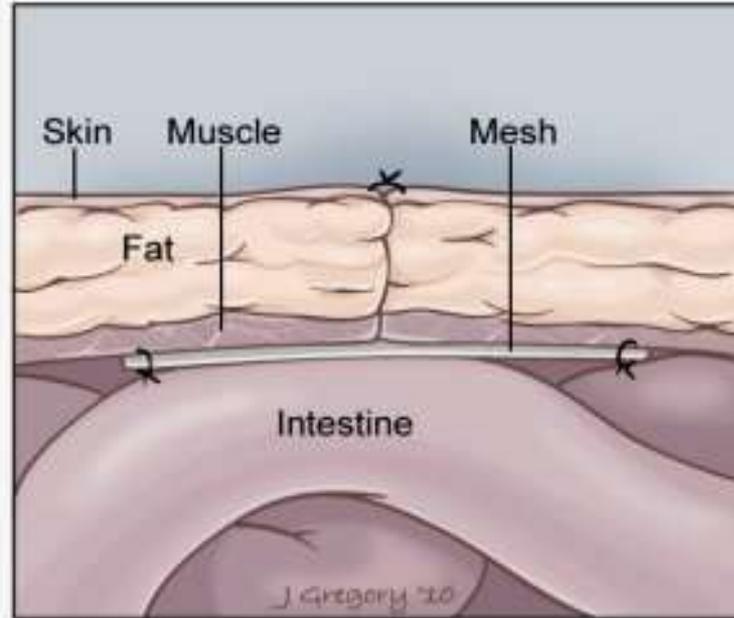
- 1. Gore-Tex
- 2. Teflon
- 3. Surgipro
- 4. Marlex
- 5. Prolene
- 6. Mersilene

Types of mesh

Typical Hernia



After Repair with Mesh



Hernia repair

