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IA Liaison with Stoma Care Nursing

Dear Nurse: Parastomal Hernias

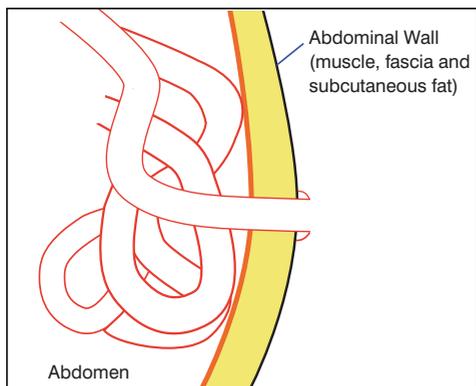
Unfortunately, a hernia around a stoma (know as a parastomal hernia) is a common occurrence, with incidences quoted of between 0-48% of patients, depending upon length of follow up. This can be broken down to as up to 28% of ileostomists and up to 48% of colostomists.

An abdominal hernia is defined as a weakness in the muscle and fat layers of the abdomen which allows the bowel to form a bulge or swelling from inside. In forming a stoma, there is a surgically created opening through these layers, and thus the potential for a hernia to develop. There are several risk factors that may contribute to the development of a parastomal hernia:

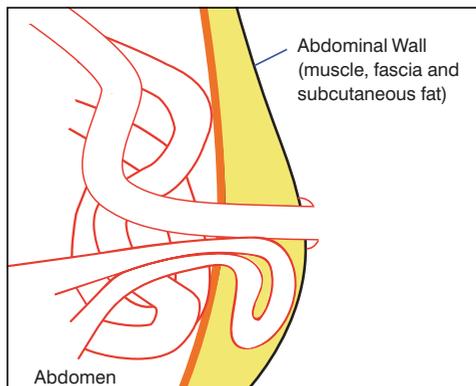
- being seriously overweight (BMI >35, waist >100cm)
- emergency surgery where the patient is unwell, or not sited preoperatively
- having an infection around the stoma at the time of stoma formation
- smoking
- diabetes
- respiratory disease (causing coughing)
- having abnormal collagen (the component in human tissue that strengthens and supports).

Symptoms

- A swelling around the stoma - this starts as a small 'lump' and may progress to a large bulge that is difficult to conceal under clothing
- Discomfort, a dragging sensation, occasionally pain
- A change in size and shape of stoma, difficulty applying and keeping a bag in place, leakage
- The skin around the stoma becomes stretched and fragile, and may cause skin problems
- A change in bowel function - this may become unpredictable as stool gets caught in bowel loops inside the hernia sac (periods of stoma inactivity alternating with overactivity causing leakage)
- Rarely the bowel may become trapped and kinked within the hernia and stop functioning. This is painful, and it may be accompanied with nausea and vomiting. Medical help should be sought in case the hernia is 'strangulated' and the blood supply to the bowel or tissue within the hernia is affected.



Bowel brought through a surgical opening in the abdominal wall to form the stoma.



Additional loop(s) of bowel fall through the opening and create a bulge (hernia).

- Generally the hernia ‘goes flat’ when lying down on your back, as the protruding bowel falls back inside the abdominal cavity - we call this a reducible hernia. It is more problematic if it doesn’t ‘reduce’ when lying down: this is known as irreducible.
- Treat and suppress coughs and sneezes where possible, and use a cushion or pad pressed into the abdomen when coughing
- Refrain from lifting/straining until three months after surgery, and then utilise correct lifting strategies

Prevention and Management

- Regular physical and quality of life assessments by Stoma Care Nurse, who will advise on suitable appliances and accessories to manage stoma and skin problems (e.g. a larger or ‘petal shaped’ flange, flange extenders, seals and skin protectors etc) if there is a problem with bag adhesion
- Gentle exercise (e.g. Pilates) to strengthen the core abdominal muscles, before and after surgery
- Correct techniques for getting out of bed, turning over in bed, and sitting up in the post-operative period (to reduce the strain on abdominal muscles)
- Wear support underwear (‘shapewear’) both to ‘assist’ core muscles to hold abdomen in, and to remind you of need to think before strenuous activity (which includes any lifting or abdominal strengthening exercises at the gym)
- Use of proprietary, purpose-designed support garments as recommended by Stoma Care Nurse. These should be professionally measured and fitted, and put on whilst lying down (if stoma is reducible). They are available with a prescription arranged by your Stoma Care Nurse. It is advisable not to have a hole in the support material so that

gentle pressure is applied over the whole area. If the support garment restricts stoma function, it should be worn looser.

Surgical intervention

- All patients with a suspected hernia should have a CT scan (in the prone position (lying on tummy)) to determine the extent of the hernia and exclude other pathology.
- It used to be the case that surgery was reserved for large hernias that cause problems, partly because surgical techniques and materials used were not always successful. Current thinking is that it is better (and simpler) to operate earlier, usually reinforcing the muscles around the stoma with mesh (a strong, lightweight sheet made of synthetic or biological material)
- Some surgeons insert mesh around the stoma at the time of creating permanent stomas
- There is much research currently being undertaken to prevent and treat parastomal hernias - ranging from exercise programmes to preventative

mesh insertion, and surgical technique. It is too soon to know how effective these methods will be in the long term to significantly reduce the incidence of herniation around stomas, and improve the quality of life for ostomists.

Always seek the advice of your Stoma Care Nurse, who is experienced in managing parastomal hernias.

Unused Supplies?

If you have any unused supplies that could be donated to poorer countries, please contact (or send them to):

Cradle for Life
111 Mawney Road,
Romford RM7 7JA
Tel: 01708 760250

The Jacobs Well
Swinemoor Lane, Beverley
East Yorkshire HU17 0JX
Tel: 014 8288 1162

Web: www.thejacobswell.org
Email: office@thejacobswell.org