

# Parastomal hernia information aid

Helping you understand and live  
with a parastomal hernia





# About this parastomal hernia information aid

This booklet explains parastomal hernias and your treatment choices. The aim of this booklet is to help you learn about parastomal hernias and what you can do if you have one or think you might have one. Some people do not have a parastomal hernia but still want to learn more, so this booklet can help them too.

In this booklet when we talk about your “clinical team” we mean your surgeon and/or your stoma care specialist nurse. It is very important to talk openly with them about any worries you have, and to let them help you decide what is best for you when thinking about whether or not to have treatment for your parastomal hernia. If you do not know who your stoma care team are please ask your surgical team or GP to help you make contact.

We made this booklet after talking with many people who have a parastomal hernia, as well as surgeons and stoma care specialist nurses.

To help you understand parastomal hernias and what it is like to live with one, this booklet will help you to:

- Learn what a parastomal hernia is and what causes it
- Find out how to live well with a parastomal hernia
- Think about whether surgery might be right for you
- Work out what is important to you when managing a parastomal hernia
- Prepare questions to ask your clinical team

This booklet is divided into four sections, each with its own colour. This makes it easy to find what you want to read.

What is a parastomal hernia

Living with a parastomal hernia

Treatment options:  
Non-surgical management

Treatment options:  
Surgical options

# Introduction to parastomal hernia

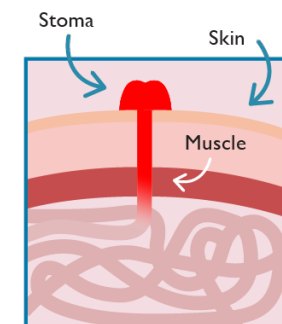
This section will help you understand what a parastomal hernia is, what causes it, how common it is, and what to look for if you think that you might have one.

The clinical definition of a parastomal hernia is “an abnormal protrusion of the contents of the abdominal cavity through the abdominal wall defect created during placement of a colostomy, ileostomy or ileal conduit stoma (urostomy)”<sup>1</sup>

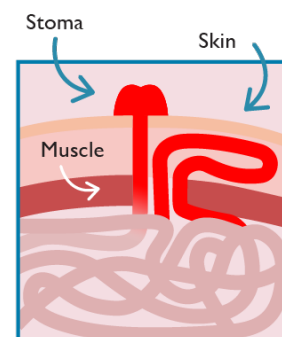
What does that mean? “**Protrusion of the contents of the abdominal cavity**”: this means that the omentum (the fatty tissue that covers the inside of the abdominal cavity) or some of your bowel is coming out from inside your abdomen. “**Abdominal wall defect**”: the technical way of saying the hole that the surgeon has created for your stoma to come out through your abdominal muscles, fat and skin. So in simple terms, a parastomal hernia is where inside fat or bowel comes out through the hole the surgeon has made to bring out your stoma.

You might notice a bulge or swelling at or around your stoma site. For some people, this bulge only appears when standing up, because gravity lets the contents slip back inside when lying down. For others, the bulge is always there. At first, the bulge is usually small, but over time it can get bigger and may look unpleasant.

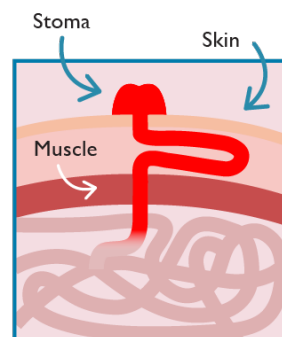
Not every bulge around a stoma is a parastomal hernia. Sometimes, it might be something called a siphon loop, or a sub-dermal prolapse. A siphon loop is extra bowel behind your stoma that folds under the skin and causes a bulge. A sub-dermal prolapse is when bowel prolapses under the skin, this is different to an external prolapse (where the excess bowel comes out onto the surface of the abdomen). This can happen when pressure inside your abdomen rises and falls – like when you cough or sneeze – making more bowel slip out and causing a bulge. No matter what causes the bulge, it can feel worrying or uncomfortable. Remember, these issues are common and you are not alone.



Normal



Hernia



Prolapse

## How common are parastomal hernias?

### What causes parastomal hernias?

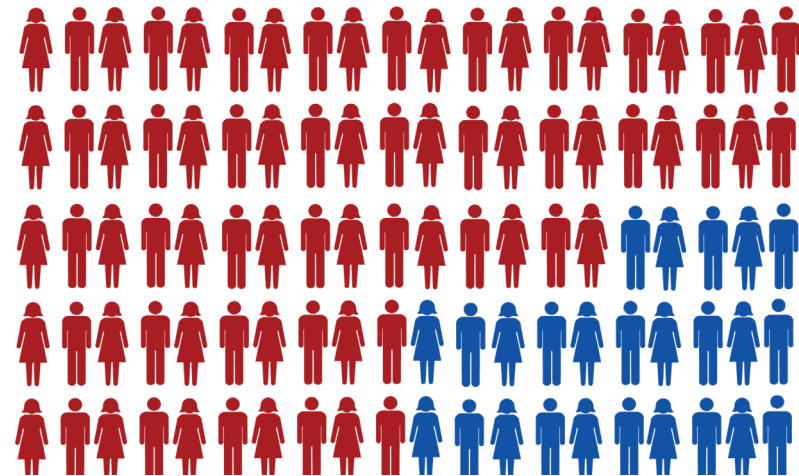
A stoma is actually a hernia made on purpose by the surgeon. To make a stoma, the surgeon cuts a hole (called the trephine) in the abdominal wall to pull a part of your bowel out onto the surface. Over time, this hole naturally gets a bit bigger, which lets more bowel to slip through, causing a parastomal hernia.

The pressure inside your abdomen (intra-abdominal pressure) also plays a role. Things that make your intra-abdominal pressure go up suddenly, like coughing and sneezing, can make the hole get bigger. This is why it helps to hold your stoma site when you cough or sneeze. This won't stop a parastomal hernia from happening, but it is a good habit to get into.

Parastomal hernias usually aren't dangerous. They can be unsightly, and reduce your quality of life, but with the right support, most people manage to live well with their hernia.

Parastomal hernias are referred to as a complication after stoma surgery, but they are very common, and it is best to think that everyone with a stoma will develop a parastomal hernia eventually. This may be a better way to think about parastomal hernia as it reflects the fact that for many people there is very little that they can do to prevent one.

Some people have a parastomal hernia but don't know it because they have no symptoms. Sometimes, it's only found if they have a CT scan for another reason. This is called an asymptomatic parastomal hernia. Current research says that about 50 – 75% of people will get a symptomatic parastomal hernia<sup>2</sup>.



The solid red figures represent the number of people out of one hundred who will develop a symptomatic parastomal hernia

## Is there anything I can do to prevent a parastomal hernia?

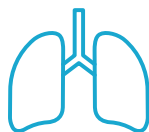
We know that many people who have a parastomal hernia feel that they are somehow to blame for developing one. It is important to remember that a parastomal hernia is not your “fault” it is not something that you have done to cause it. There are some things that might increase your risk of getting one sooner. These include:



Being overweight (having a body mass index, BMI, above the healthy range of 18.5-25)



Having your stoma formed in an emergency, because there is less time to plan the best placement and the hole might need to be bigger.



Smoking



Having diabetes that is not under control



Being older – people over 75 are more at risk



Having a lung disease like Chronic Obstructive Pulmonary Disease (COPD), or anything that makes you to cough a lot



Having a connective tissue disorder, such as Ehlers-Danlos syndrome

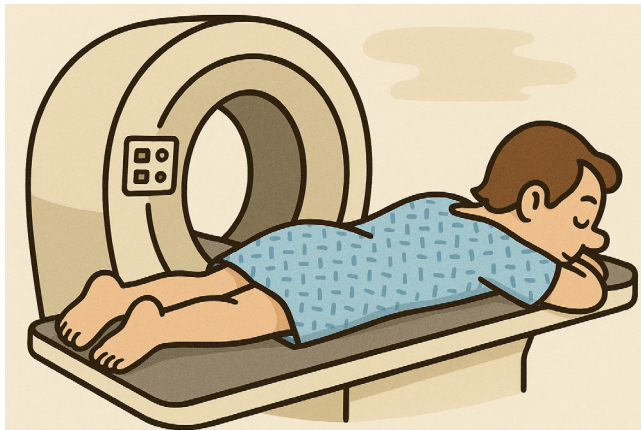
Sometimes, surgery for a stoma has to happen quickly, such as in an emergency or for bowel cancer. There may not be time to get ready before surgery, what is often called prehabilitation. If your surgery is planned, it's a good idea to stop smoking, try to lose weight if needed, and improve your fitness. Even taking more walks each day can help. If you don't have time to prepare before surgery, you can still make these changes after. Staying active, keeping a healthy weight, building up your core strength, and quitting smoking can help lower your risk of getting a hernia soon after surgery.

## How is a parastomal hernia diagnosed?

Your stoma care nurse or surgeon may examine your abdomen. They may ask you to lie down and lift your shoulders, or to stand up and cough while they place a hand on your stoma. This allows you to raise your intra-abdominal pressure and for them to feel if there is a bulge. If they think that you might have a parastomal hernia, they may request a CT scan.

A CT scan shows them if you have a hernia or something else, like a siphon loop or sub-dermal prolapse. If you and your surgeon are thinking about an operation to fix the hernia, a CT scan helps the surgeon see your abdominal wall and hernia in detail so that they can plan the surgery.

Sometimes you may have the scan while lying on your front with a donut shaped cushion under your stoma. This position helps show the hernia more clearly because lying on your back can make the hernia slide back inside your abdomen.



## What signs and symptoms should I look out for if I think I might have a parastomal hernia?

There are some signs and symptoms that might mean that you have a parastomal hernia. Here are the most common ones. If you notice any of these and are worried, then make an appointment to talk to your stoma nurse.

- A bulge or swelling behind your stoma that is easier to see when you stand up
- A heavy or dragging feeling near your stoma, which might get worse by the end of the day
- Discomfort or pain around your stoma, especially later in the day
- A bulge that makes it harder to do everyday things or move around
- Bloating
- Trouble keeping your stoma bag in place, like frequent leaks
- Symptoms of a bowel obstruction that come and go (or changes in your usual bowel function/habits)

## Living with a parastomal hernia

This section gives you useful information and tips for living with a parastomal hernia. Maybe you have one, think you have one, or just want to be prepared. No matter your situation, you will find this section helpful. You will also see a few patient stories here, shared to help you learn from other people's experiences.

### How to live well with a parastomal hernia

Finding out that you have a parastomal hernia can be hard. Many people with a stoma worry about this, and a new diagnosis can bring up many emotions. Some people struggle to accept it, while others cope more easily. Remember, everyone is different, and there is no right or wrong way to feel.

Even though your hernia may cause symptoms, there are many ways to manage them. You can still live a good life with a hernia. Two key parts of managing a parastomal hernia are staying active and using hernia support wear. For more details, look at the section on non-operative management.

Living with a parastomal hernia is what your medical team might call "non-operative management". This means taking steps to manage your symptoms instead of having surgery to fix the hernia.

### Patient Story



"I've developed a parastomal hernia with all of my stomas. I was overweight and didn't exercise as I should have pre and post each operation. After the last one 13 years ago, I took up jogging, lost weight, and now swim in the Atlantic every week, am an active mountain rescue team volunteer, and run marathons. Yes, I have a parastomal hernia, but I manage it well and take care when lifting. It's a gradual process, but having a plan and adjusting can get you there."

## Daily living tips and advice

We spoke to people living with a parastomal hernia to find out what advice they would give to those who are newly diagnosed. Before making any changes to your diet or stoma care routine, always check with your healthcare team or stoma nurse.



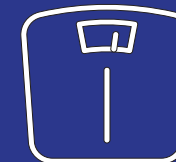
Talk to your stoma team if your stoma output changes, like if you have more constipation or looser output. They might suggest medications or changes that can help.

Eat a healthy, balanced diet. Watch how different foods affect your stoma, but unless your healthcare team advises it, you don't need to avoid certain foods because of your hernia.



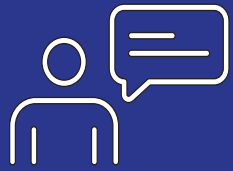
Don't stop moving or exercising, especially if it is something you enjoy. You may just make some changes to avoid pain or discomfort from your hernia. Wearing a support garment can help you feel more comfortable when you move or exercise.

Make sure that you do your core exercises, you can find about more about these in the section on non-surgical management.



Avoid gaining or losing weight too quickly. If you want to lose weight, look for good advice on how to do it safely. Changes in weight can affect your stoma, which might cause leaks or sore skin.

If you lose weight, your hernia might look bigger, but it hasn't actually grown – it's just more visible.

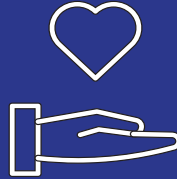


Ask your stoma team for tips on living well, including advice on clothing, sex, and emotional support. They are there to help you and have lots of experience supporting people with a stoma.

Talk to your clinical team about what you can do rather than what you can't do. Get guidance on safe lifting. General advice for safe lifting can be a good place to start.



You may need to try different stoma care products, especially if your hernia causes a bulge or your stoma changes shape or size. Your stoma nurses can suggest products that might work better for you. Don't worry – there are many options out there.



If you're worried about how your hernia looks, some changes in clothing can help. Support garments can flatten your abdomen and give you a smoother shape.

Trousers or skirts with drawstring or elasticated waists may work better than ones with buttons. Loose tops or shirts can help hide a bulge.

Remember, your hernia might seem obvious to you, but it is not as noticeable to others.

## Patient Story



“After I had my first parastomal hernia repaired my wife was worried about me lifting anything heavy and the hernia coming back. So now when I go to the shops when I get home, I toot the car horn, and she comes out and helps me carry the bags back into the car. It's a little thing, but it helps her not to worry about me quite so much.”

## Emotional/psychological support

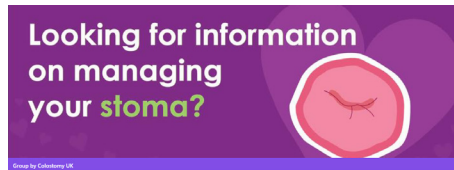
Many people feel a mix of emotions when diagnosed with a parastomal hernia. It's normal to feel sad, frustrated or disappointed. There are charities like Colostomy UK, which has a 24-hour helpline, and the Ileostomy and Internal Pouch Association (IA), which offers trained "supporters" to talk with. You can find both charities' contact details in the useful information section at the back of this booklet.

There are also private Facebook groups where you connect with others who have a stoma and hernia. Many people find these groups helpful for advice and support.

Ileostomy & Stoma Support Group



Group by Becky Gossard  
Ileostomy & Stoma Support Group UK  
• 10,000 group • 12.5K members



Group by Colostomy UK  
Colostomy UK Support Group  
• 10,000 group • 12.5K members

Colostomy UK Support Group

If you feel you need more help with your mental health, speak to your stoma nurse or your GP. There's nothing wrong with asking for help. Adjusting to life with a stoma can be hard, and it may take time to also accept having a parastomal hernia, especially if it causes problems or affects your quality of life.

## Patient Story



"I've always been really content when walking in the countryside, but I was getting lots of leaks due to my hernia and it was putting me off going out as much as I never knew when the bag would leak.

I spoke to my stoma nurse, and she recommended a different bag, one that fitted better over the hernia. It was a game changer and now I can spend days out walking and not worry about having a leak."

## Treatment options for parastomal hernia

There are two main ways to treat a parastomal hernia. These are non-surgical management (sometimes called conservative management or watchful waiting) and surgery. Even if you and your surgeon decide that surgery is right for you, you will still use non-surgical management while you are waiting for your operation.

Non-surgical management means using different ways to control the symptoms of your parastomal hernia. This can include exercise, wearing hernia support garments, trying different stoma products, or losing weight.

Surgery to repair your parastomal hernia can be planned ahead of time (elective), or it may need to be done quickly if a part of your bowel gets stuck in the hernia and becomes blocked. Your surgeon may offer you different types of repairs, depending on how big your hernia is and why you had stoma surgery in the first place.

The next two sections will help you understand these treatment options and help you think about good questions to ask your clinical team.

## What matters to me

Before reading the next two sections, you can use the space on the next page to write down:

- What symptoms you have right now
- What activities your parastomal hernia stops you from doing
- What you hope to achieve from your treatment



## What matters to me

**Symptoms from  
my parastomal  
hernia**

**Activities I can't  
do because of my  
parastomal hernia**

**What I would like  
to achieve from my  
parastomal hernia  
treatment**

## Treatment options: Non-surgical management

This section will help you understand what non-surgical management of a parastomal hernia means and show you different ways to manage your hernia without surgery. If you are waiting for surgery, you will still find these tips useful to help with your symptoms while you prepare. You will also see a few patient stories here, shared to help you learn from other people's experiences.

### What is non-surgical management?

Non-surgical management means you manage your hernia symptoms with steps like exercise, losing weight, wearing hernia support garments, or trying different stoma products.

Some people choose this approach because their hernia does not cause many problems, they don't want surgery, or their health makes surgery risky.

Non-surgical management is also called conservative management or watchful waiting.

### Patient Story



“I’ve had two parastomal hernia repairs now and the hernia is back again. It’s very frustrating at times, especially if I need to tie my shoelaces as the bulge from the hernia gets in the way if I bend over, so I have to sit down to tie my laces. I worry when I am out with the dog that I’ll suddenly have to do my laces up and I won’t be able to! It’s the random little things that no one tells you about.”

## Dietary advice

A parastomal hernia can sometimes make it harder to manage your stoma output. You might notice looser output, constipation, or more gas. These can cause problems like ballooning (when your stoma bag fills with wind, usually because the filter is blocked) or pancaking (when your output is too thick and sticks at the top of the bag, which can lead to leaks).

If you have a stoma, you probably already know how much food and drink can change your output. It might help to keep a food diary, just like you may have done after your stoma surgery, to see if your hernia is affecting your output.

If your hernia causes pain or discomfort, your stoma nurse might suggest a low residue diet (this is a diet that contains little or no fibre/roughage).

If you get more pancaking because of your hernia, you could try drinking more fluids or eating foods that help soften your output.

If you are having trouble, reach out to your stoma care nurse specialist for advice.

## Weight management

Keeping your weight in a healthy range is important when you have a parastomal hernia. Gaining weight can cause your hernia to get bigger, as it increases the pressure pushing the hernia out.

Sometimes, people notice their hernia looks bigger after losing weight because less fat is around the stoma. Whilst it may be alarming to see the hernia get bigger, it isn't actually a worrying or dangerous symptom.

Being at a healthy weight also helps if you ever need surgery, as it can lower the risk of problems like infection or the hernia coming back.

You can learn more about healthy eating in “The Full Diet” by Dr Saira Hameed.

The revolutionary new way to achieve  
lasting weight loss



DR SAIRA HAMEED

The creator of the pioneering NHS weight-loss plan

## Physical activity & exercise

Many people worry that exercise, especially core exercises, could make their hernia worse. In fact, staying active and working your core muscles is helpful for everyone with a stoma or a parastomal hernia. Keeping active can also help you manage your weight.

### Abdominal exercise with Core 4

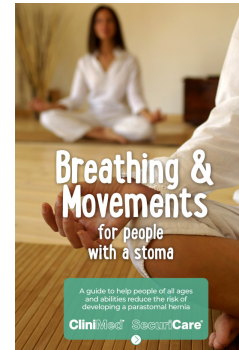


We use our core abdominal muscles for many daily things, like laughing, sneezing, moving, and lifting. Coloplast has “Core 4” exercises, which are simple moves you can start doing soon after stoma surgery. These can help keep your core strong.



Colostomy UK offers free online “Active Ostomate” sessions for people with a stoma. These include chair yoga (for those with limited mobility), pilates, and yoga. You can find more about these sessions at [colostomyuk.org/active-ostomates](http://colostomyuk.org/active-ostomates)

The patient support charities have more advice about exercise on their websites. See the “other information” section at the back of this guide for details.



Clinimed/Securicare have a booklet with tips about breathing and gentle movements for people with a stoma. It includes breathing techniques and a three stage exercise plan for your core.



There is also an app called ACHQC, made by a group of hernia surgeons in the United States. It has advice about exercise before and after surgery. You can find it on the Google Play Store and Apple Store.



The Association of Stoma Care Nurses UK (ASCNUK) is working on a project called EXPASS (exercise after stoma surgery). This project will give nurses new, research-based advice about exercise. Ask your nurse if they know about EXPASS and can guide you.

## Hernia support garments

There is currently no clinical evidence that hernia support wear can stop a parastomal hernia from forming<sup>3</sup>. This doesn't mean that they don't have a use. Wearing support garments can remind you to be careful when lifting. Many people who use hernia support wear feel more confident and tend to be more active, as the support helps them feel more comfortable and confident in being active<sup>4</sup>.

These garments can make you feel more comfortable, especially if your hernia is large, and they can give a smoother look under your clothes, which some people find helps their self-esteem. It's best to think of hernia support wear as a reminder to be careful with heavy lifting, straining, or coughing, not as a guaranteed way to prevent a hernia. It shouldn't make you afraid of exercise or activity – staying active is still important.

Hernia support wear comes in three levels. Level 1 is similar to regular shapewear you can buy in many shops. If you want to hide the look of your hernia, these can help. Shops like Primark and Marks & Spencer have good options, and Marks & Spencer and Next even sell stoma underwear with a special pocket. Some people use compression sportswear tops or shorts from online stores. There are many choices that you can try from the high street.

Level 2 and 3 give more support and come in products like belts, girdles and vests. The best product for you depends on your body, your daily activities, and your job. For example, someone who works at a desk may prefer a vest over a belt. Your stoma nurse may suggest a company, but you can choose where you get your support wear. Your stoma nurse or GP can also tell you which level is allowed on prescription in your area, and how many items you can order.

The companies that make hernia support wear are:



**Comfizz**

[www.comfizz.com](http://www.comfizz.com)



**CUI Wear**

[www.cuiwear.com](http://www.cuiwear.com)



**Suportx**

[www.suportx.co.uk](http://www.suportx.co.uk)



**Vanilla Blush**

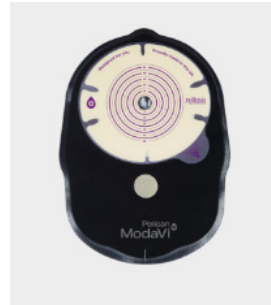
[www.vblush.com](http://www.vblush.com)

## Different stoma products

Many people find that they need to change the stoma products they use when they get a parastomal hernia. For some, this is the hardest part. After taking time to find what work best and feeling secure, it can be upsetting to start over. Fear of leaks is common and can be very stressful. There are lots of products out there, and your stoma nurse is usually the best person to ask for advice if you need to switch. They know about the different options and can help you pick what suits you best.

There are several types of stoma bags that can help, especially if you have a bulge or a hernia. Concave bags look similar to convex bags, but the domed part is reversed. This lets the bag fit better over a rounded area. Examples include the Coloplast Mio concave, and the Welland Aura Profile.

Some bags have base plates with notches or petal shapes. These are made to fit around a bulge, so they can work better if you have a parastomal hernia. Examples are Pelican MoDaVi, Salts Confidence Be, and Welland Aura Plus. Some bags also have larger baseplates to fit over the hernia. Sometimes, the hernia can pull your stoma flat to the skin and cause leaks. If this happens, you may need a convex bag. Make sure to talk to your stoma nurse to get the best advice for your situation.



## Patient Story



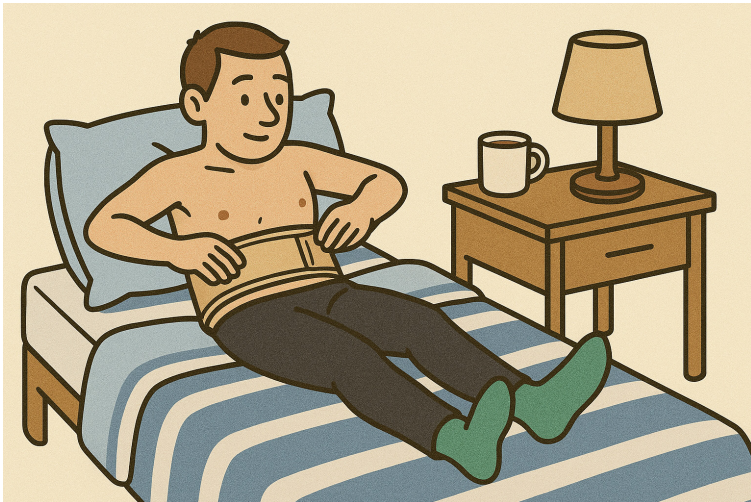
“I like to play tennis with my friend, but have always irrigated my colostomy. I was worried when I developed a parastomal hernia as I’d read that would mean I couldn’t irrigate anymore. I spoke to my stoma nurse, and she said that I could carry on as long as it didn’t cause me any pain. I’m really glad that I spoke to my stoma nurse as I feel so much more confident being able to irrigate.”

## Pain management

Pain and discomfort are common problems for people with a parastomal hernia. Wearing hernia support wear can help to reduce the dragging feeling that comes with a hernia.

Many people find that lying down eases their discomfort, this is because the extra bowel slips back into your abdomen. If you use a hernia support belt, it's best to put it on while lying down. This helps the hernia go down and makes the belt fit better.

If you have a lot of pain or feel very uncomfortable, talk to your clinical team. They can tell you what medicines might help. Remember, some pain medicines, like codeine, can cause constipation. This can lead to pancaking or more leakage.



## Your stoma care nurse

Your stoma nurse is very important when it comes to managing a parastomal hernia. Ideally, everyone should see their stoma nurse once a year. But this does not always happen.

Even if your surgery was a long time ago, you should still be able to get help from your stoma nurses. You can call the hospital and ask to be put through to the stoma care department for an appointment.

If you live in England or Wales, you might be able to speak to a nurse from the company that delivers your stoma products. But it's best to contact your local NHS team if you can. Stoma nurses have a lot of experience helping people with parastomal hernias and know many tips to help you manage your symptoms.



## Common Questions and Answers on non-surgical management

### ***Will non-surgical management make my hernia worse?***

No, managing your hernia without surgery will not make it worse. Your hernia may become larger over time, but this does not always mean your symptoms will get worse.

### ***Is my surgeon just trying to avoid surgery by suggesting non-surgical management?***

No. Your surgeon recommends non-surgical management because it is a good option for many people with a parastomal hernia. Surgery carries risks and does not always help. If you are unsure about this choice, ask your surgeon or stoma nurse to discuss your concerns.

### ***Can I choose to have surgery if I no longer want to manage my hernia without it?***

Yes. If your hernia symptoms get worse or affect your life, you can ask for an appointment with your surgeon to talk about surgery as an option.

### ***How do I get in touch with my surgeon if I decide I want surgery?***

If you have finished seeing your surgeon, you can talk to your stoma nurse or ask your GP to refer you back to the surgeon. If you still have follow-up appointments, you can contact the surgeon's secretary for an appointment.

### ***I have a colostomy; can I still irrigate?***

Yes, you can, but it may become harder if your hernia gets bigger. If you have any problems, talk to your stoma nurse before continuing irrigation.

### ***Can I still have a scope (colonoscopy) through my stoma?***

Yes, but having a parastomal hernia can make it more difficult. If you are worried, speak to your clinical team.

### ***How quickly will my parastomal hernia get bigger?***

This is hard to know, as everyone is different. It is important to keep track of any changes. If your hernia suddenly gets bigger, make an appointment with your clinical team.



## What I like about this option/questions to ask your clinical team

You can use this page to write down what you like about this treatment option, as well as anything that makes you worried. There is also space for you to jot down questions you want to ask your clinical team. This can help you prepare for your next appointment and make sure you remember everything you want to discuss.

**What I like about this option**

**What worries me about this option**

**What I would like to ask my clinical team about this option**

## Treatment options: Surgical options

This section will help you understand what surgical options there are for treating your parastomal hernia, and what questions you might want to ask your clinical team. Keep in mind, not every option will be right for every person. Your surgeon will talk to you about what will work best in your case. You will also see a few patient stories here, shared to help you learn from other people's experiences.

### What do we know about parastomal hernia repair?

You may be surprised to find out that surgeons still have a lot to learn about how best to treat parastomal hernias. Even though there is more research happening now, there are many things that we do not yet fully understand. For example we still don't fully understand the best way to create a stoma. For example how big should the hole be, should the hole be reinforced with mesh, and if the shape of the incision (cut) makes a difference.

When it comes to fixing a parastomal hernia, there are still lots of questions. Which surgical method is best? What type of mesh should be used? Where should the mesh go? These questions make parastomal hernia surgery a difficult and complicated operation.

Sometimes, people think that fixing a parastomal hernia is a smaller surgery compared to their first operation, like when the stoma was created because of cancer or inflammatory bowel disease. In fact, repairing a parastomal hernia can be just as big, or even bigger, than your first surgery.

### Patient Story



“I had an appointment with my surgeon to talk about a parastomal hernia repair. He told me I needed to lose a stone before my surgery. He explained that this would help me with my recovery. I tracked my calories and started back at the gym to do some strength training. I was able to hit the weight loss target. I felt really good that I had been able to do my part in getting ready for surgery.”

## Why you or your surgeon might decide on surgery for your parastomal hernia

Deciding whether to have surgery for a parastomal hernia can be complicated. There is no single answer because every person's situation is different. Your doctor will look at your symptoms and your overall health to decide what is best for you.

Sometimes, surgery is needed right away. This might happen if your hernia causes a blockage that does not get better with simple treatments, like resting your stomach with an NG tube and giving you fluids through a drip. Another emergency is if the hernia becomes "strangulated." This means the part of the bowel that has pushed out cannot go back in, and its blood supply gets cut off. If you suddenly have severe abdominal pain and cannot push your hernia back in, you should get medical help immediately by going Accident & Emergency (A&E)

Many people also worry about how their hernia looks. If the bulge is making you feel upset or lowering your quality of life, you can talk to your surgeon about possible surgery. But it's important to know that surgery may not always make the shape of your stomach look much better, and it won't give you a perfect tummy.

If you keep having bowel obstructions because of your hernia, your doctor might suggest surgery. Before doing this, your surgeon will likely order a CT scan. This scan checks for other problems that could cause blockages, like a narrowing of the bowel from Crohn's disease. Sometimes, more surgery can make things worse instead of better, so your doctor will want to have a full picture before moving forward. A CT scan also helps the surgeon to plan your hernia repair more carefully.

## Having your parastomal hernia repaired in an emergency

Most people will have their parastomal hernia fixed with a planned operation, called elective surgery. But sometimes, surgery must be done in an emergency. This usually happens if the hernia becomes strangulated or causes a blockage that does not get better with simple treatment. In an emergency, the main goal for the surgeon is to save your bowel and your life. After emergency surgery, you might need another operation later to help lower the risk of your hernia coming back.



## Is there a best time for surgery?

Right now, surgeons do not know the perfect time to have surgery for a parastomal hernia. Smaller hernias can sometimes be easier to repair, but many things affect this. The decision depends on your symptoms and how much they affect your daily life, as well as the risks of having surgery.

Before you can have surgery, your surgeon may ask you to work on things like keeping a healthy weight, stopping smoking, and improving your fitness. It is also important to have a surgeon with the right experience. The decision will also depend on how much the hernia bothers you and what risks you are willing to accept, since hernia repairs are not always perfect.

You might decide to wait on surgery if your symptoms do not bother you much. Reasons to delay surgery can include poorly controlled Crohn's disease, being on high-dose steroids, needing more surgeries (like for ulcerative colitis), or planning to become pregnant. If you have other health issues but are still healthy enough for surgery now, you might choose to have it sooner, rather than waiting until you might not be well enough in the future.

## Will my parastomal hernia come back again after surgery?

Sadly, parastomal hernias often come back even after surgery. The risk of recurrence is high, so it's worth expecting that your hernia could return. However, it's hard to say exactly when this might happen. For some people, the hernia comes back after a few years, while for others, it may come back in just a few weeks. There isn't enough research to clearly say which repair method works best or lasts the longest.

If a hernia does come back, it is often smaller than the first one and may not cause as many problems. Still, some people do need more surgery if the symptoms return. Recent research from Denmark found that about half of people whose parastomal hernia returned eventually needed another operation to fix it<sup>5</sup>.

You can't completely stop a parastomal hernia from returning, but you can take steps that might help delay it. Keeping a healthy weight, staying active, and doing exercises to strengthen your core muscles can all make a difference.

## Surgery for a parastomal hernia repair

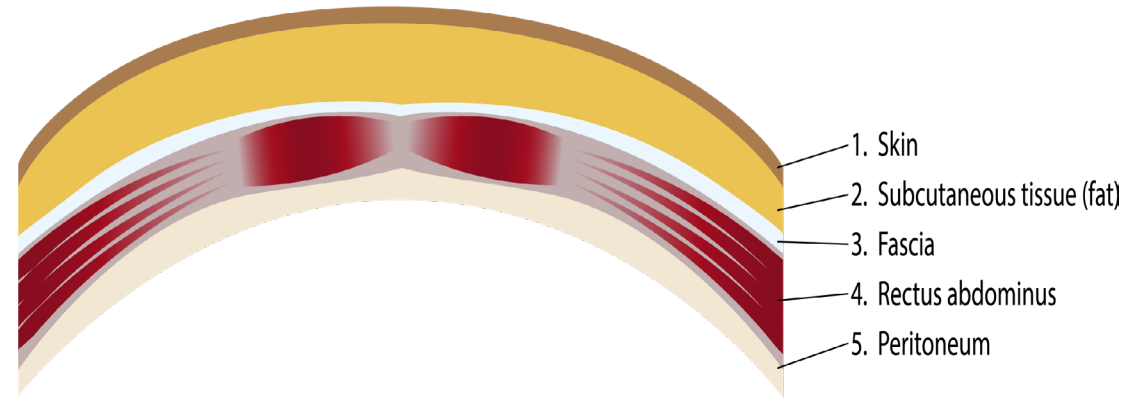
There are several ways to repair a parastomal hernia. Not everyone will be offered every option. The choice depends on the size of your hernia, the reason you needed your original stoma surgery, and whether your hernia surgery is planned (elective) or done in an emergency.

Some repairs can be done with less invasive methods, such as laparoscopic (keyhole) or robotic surgery. In these cases, the surgeon uses small incisions and special tools, sometimes controlled by a robotic device. Whether you have open surgery (with a larger cut in your abdomen), laparoscopic, or robotic surgery depends on a few things. These include the type of stoma you have, the size of your hernia, if you have a condition like Inflammatory Bowel Disease, whether you've had other hernia repairs before, or if you also have a hernia at your scar from previous surgery. Laparoscopic and robotic surgeries use smaller cuts, which usually means a shorter hospital stay and faster recovery. However, the work the surgeon does inside your body is just as complex as with open surgery.

To help you understand the types of hernia repairs, it's useful to know about the layers in the abdominal wall. The abdominal wall has three main layers: the skin, the fat just under the skin (called subcutaneous fat), and layers of muscle.

There are several muscles in this area, which is why keeping fit and active is so important. Strong muscles help lower your risk of hernias. The abdominal wall supports and protects your internal organs, and it also helps you move and breathe.

During parastomal hernia surgery, surgeons can place mesh in two main places (called "planes"). The mesh can be placed inside your abdomen (intraperitoneal) or outside, between the muscle layers (retromuscular).



## Types of parastomal hernia repair

### Suture Repair

In a suture repair, the surgeon uses stitches to make the hole in your abdominal wall smaller. This is usually done if you need emergency surgery for your parastomal hernia. Suture repairs are not often used for planned (elective) surgery. This is because hernias fixed this way come back more quickly than if mesh is used<sup>6</sup>.

### Mesh with a keyhole opening

The term “keyhole” here means the type of mesh, not the way the operation is done. In this type of repair, the surgeon uses a mesh that has a hole in the centre. This mesh is placed inside your abdomen, around the back of your stoma, and held in place with stitches or small clips. The hole in your abdominal wall is made smaller, but still lets the stoma pass through.

A repair using a mesh with a keyhole opening can be done with open surgery or more commonly using laparoscopic or robotic surgery (less invasive methods using smaller cuts). Your surgeon will help you decide which is best for you. However, repairs using a mesh with a keyhole opening do not last as long as some other methods.

### Sugarbaker Repair

The Sugarbaker technique involves moving the bowel (the part that leads to the stoma) to one side and covering it with mesh. This mesh creates a tunnel for the bowel. The hole in your abdominal wall is also made smaller, but still allows the stoma to come out. The mesh goes inside your abdomen and is attached with stitches, glue, or small clips. It acts as a support around the stoma area.

Sugarbaker repairs can be done with open surgery or more commonly laparoscopic or robotic surgery (less invasive methods using smaller cuts) Your surgeon will advise which approach is right for you. Sugarbaker repairs often have good results, especially when done by experienced surgeons.

### Funnel Mesh Repair

A funnel mesh repair uses a special mesh shaped like a funnel. This mesh is usually placed inside your abdomen. It goes around the bowel leading to the stoma and helps keep it in place. The hole in your abdominal wall is made smaller but still big enough for the stoma to fit through. At this time, this method is one of the best for lowering the chance of your hernia coming back.

## Pauli Repair

A Pauli repair is another way to fix a parastomal hernia. In this surgery, the surgeon places a mesh in between your abdominal muscles in a space called the “retromuscular space.” To do this, they need to cut a deep muscle in your abdomen called the Transversus abdominus. This type of operation is usually bigger than some of the other options. During the repair, the bowel that connects to your stoma is moved to the side, away from the weak spot in your abdominal wall. The hole in your belly is made as small as possible while still letting the stoma come through. The mesh sits between your muscles instead of inside your abdomen. Because of this, there is less chance of problems like organs sticking together (adhesions).

A Pauli repair can be done with either open surgery or less invasive methods. Your surgeon will explain which is best for you. Pauli repairs are often chosen for larger hernias and can give good results, especially when done by experienced surgeons.



The Pauli repair is named after the surgeon who first performed this type of repair. Eric Pauli is a Professor of Surgery and Director of Abdominal Wall Surgery at Penn State Hershey Medical Centre in America

## Moving (resiting) your stoma

Sometimes, your surgeon may need to move your stoma to a new spot on your abdomen during a parastomal hernia repair. This is usually only done if there are no other good options.

Moving your stoma is a big surgery, and you could still get a hernia at the new stoma or in the area where the old stoma was. If your stoma is moved, your surgeon might use mesh to help stop another parastomal hernia from forming in the new place.

## Stoma reversal and parastomal hernia repair

If your stoma is only temporary - for example, if you have it because of bowel cancer - your surgeon may talk to you about reversing the stoma and fixing the hernia at the same time.

This is the best choice if possible, since the hernia around your stoma cannot come back if you no longer have a stoma, although you can still get a hernia in the area where the old stoma was.

When the stoma is reversed, your surgeon may also put mesh in the spot where the old stoma was to help prevent another type of hernia from happening.

## Mesh

You may have questions or worries about mesh, and that is very normal. Mesh is often used in parastomal hernia repair to help make the repair last longer and to give extra support to the wall of your abdomen.

There are different kinds of mesh. Your surgeon will talk to you about which type is best for you. This choice depends on how big your hernia is, where the mesh will go, if you have any health problems, or if you hope to have children in the future. Your own feelings about mesh are important as well.

- **Synthetic mesh:** This kind of mesh stays in your body and does not break down. It is strong, but if it gets infected, it is harder to fix the problem.
- **Biosynthetic mesh:** This type of mesh gets absorbed by your body in about a year. It gives support while your body heals, and it is less likely to cause infection.
- **Biologic mesh:** This mesh comes from animal tissue, like pig, sheep, or cow. Doctors use it only in special cases.
- **Hybrid mesh:** This is a mix of synthetic and biologic mesh. Doctors use it only in special cases.

Using mesh can very occasionally lead to infection. If that happens, you might need another surgery to take the mesh out. That is why doctors usually do not use mesh if you need emergency surgery for your hernia as the infection risk is much higher.

## Patient Story



“I’ve been a vegetarian for a very long time, and the big worry I had about mesh was about having any that had come from an animal. It was something that I really did not want to have, but I was worried about talking to my surgeon about it as I thought he’d think I was silly. I didn’t need to worry, he actually asked me if I was vegetarian as he’d had other patients who’d had similar worries. I had a successful hernia repair and am really glad I had it done.”

## Potential risks and complications of parastomal hernia surgery

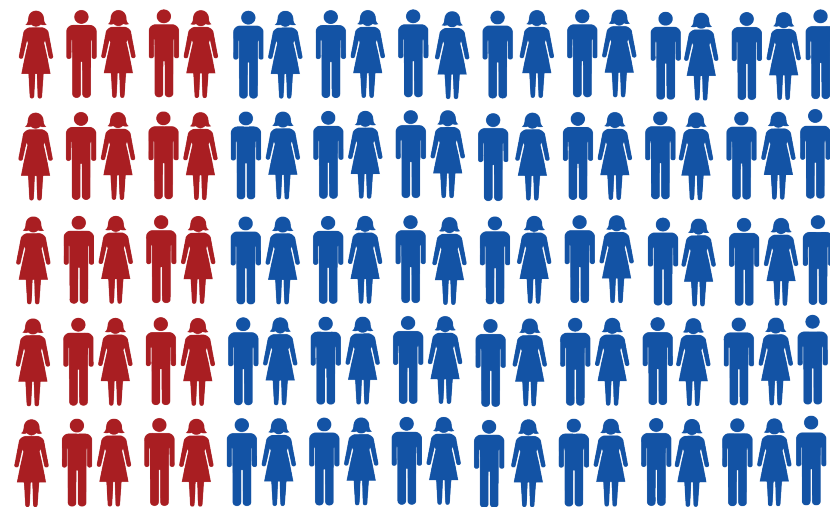
All operations come with risks. You may already know about some common risks that come with any surgery, like blood clots in your legs (deep vein thrombosis), breathing issues, or chest infections. There are also some rare but serious problems, such as blood clots in your lungs (pulmonary embolism), problems with the anaesthetic, stroke, needing unexpected intensive care, needing another operation, or even death. Sometimes, people's quality of life might get worse after surgery.

There are also risks that are more likely to happen with parastomal hernia repair. Your clinical team will talk to you about these before you decide on surgery. Some risks might be higher if you have had hernia surgery before.

About 25% of people who have this surgery will have some kind of complication.

**Enterotomy:** This is when the bowel is accidentally injured during surgery, causing a small tear. Surgeons try to avoid this, but it can happen during abdominal operations. If it does, they will repair it right away. Because the bowel can leak its contents, the surgeon might change the way they do the surgery or switch the type of mesh used. Sometimes, a bowel tear is not found until after surgery. If this happens, you might feel unwell in the hospital and need another operation. A bowel injury can be life-threatening because it can cause infection and sepsis.

**Mesh infection:** The mesh used in the surgery can get infected. If this happens, you will need strong antibiotics through a vein, and sometimes the mesh has to be removed.



The solid red figures represent the number of people out of one hundred who will have some kind of complication after parastomal hernia surgery.

**Stoma-related problems:** Any surgery on your stoma can cause issues. Your stoma may pull back into the abdomen (retract), which can cause leaks or trouble with your stoma bag sticking to your skin. Other problems include the stoma losing its blood supply (necrosis), which usually needs quick surgery, the stoma becoming too tight (stenosis), which might need more surgery, and the wound where the stoma meets the skin coming apart (mucocutaneous separation). Even if you don't have stoma-specific problems, your stoma might look or act different after surgery and be harder to manage.

**Ileus:** After surgery, your bowel might not work properly for a while and “goes to sleep.” This is common, especially after open surgery. You might feel or be sick. If this happens, a tube (called a nasogastric tube) may be placed through your nose and into your stomach to drain fluid. This helps rest your bowel until it starts working again, at which point the tube is removed.

**Adhesions:** Every abdominal surgery can cause adhesions. These are bands of scar tissue that can form inside your abdomen, sometimes causing pain or bowel blockages.

**Wound infection (SSI):** Wound infections are common after surgery. Up to 30% of people will get a wound infection after abdominal surgery. Some of the time, antibiotics can treat this and you may need a special type of suction dressing. If this doesn't work, more surgery may be needed.

**Haematoma:** A haematoma is a bruise that happens when blood leaks from blood vessels during or after surgery. It may show up as a lump or swelling that can be sore or tender. Most haematomas heal on their own, but if one is large, it may need to be drained by your doctor.

**Seroma:** A seroma is a collection of fluid that can build up under the skin after surgery. This happens often, especially after operations where tissue is taken out and a space is left behind. Most seromas go away on their own, but sometimes your doctor might need to drain the fluid.

**Abscess:** An abscess is a pocket of pus that can form at or near the surgical site, usually because of an infection. Abscesses are often treated with antibiotics, but sometimes they need to be drained by your doctor.

**Mesh erosion into the bowel:** Very rarely the mesh used in surgery can push through the bowel wall. This can cause pain, infection, and other problems, and you might need more surgery to fix it.

**Chronic pain:** Some people have ongoing pain after abdominal surgery that lasts longer than expected.

## Preop preparation

Having surgery is a team effort. Your surgeon is very important, but as the patient, you play a big part too. Preparing for surgery is called prehabilitation. This means getting your body and mind ready for the operation, not just focusing on your recovery after. If your surgery is planned in advance, you will likely have some time before your operation. You can use this time to prepare and improve your chances of a good outcome.

Surgeons sometimes use an app called the CEDAR score, this shows you the chances of developing a complication after surgery based on your weight and other medical conditions. You can look at this and see just how much this reduces if you lose weight and get fitter.

## Smoking

If you smoke, it's essential to stop before surgery. Smoking doubles your risk of problems in hernia surgery, including the risk of the hernia coming back. It also increases the chances of breathing problems after surgery, which makes recurrence more likely. The good news is that quitting for just six weeks brings your risk down to the same as someone who has never smoked.

## Physical activity & muscle strength

If you decide to have surgery for your parastomal hernia, it helps to be as fit as you can. Being fit can make your recovery easier and faster. Try to add more exercise to your day, even if it's just taking more steps. Regular activity helps both your body and your mind get ready for surgery. Sometimes hernias hurt when you move. If so, wearing a support garment may make exercise easier. Low-impact options like swimming or using an exercise bike can be more comfortable.

Think of surgery like running a marathon—you need to train for it. Whatever exercise you choose, try to do something that makes you breathe a bit harder and sweat, for at least 20 minutes, three times a week.

Building muscle strength is also important. You don't need fancy gym equipment. Everyday items like a bag of sugar or a tin of beans work fine as weights. Start with something light and slowly increase the weight. Resistance bands are another good option and can be used even if you need to sit while exercising. You can also try cycling, a pedal bike, or an arm bike. Ask your GP if there's a local gym referral scheme in your area. Search online to see what's available near you.

Improving your fitness and muscle strength will help your body cope with surgery and help you recover afterwards.

## Weight management

If you need to lose weight before surgery, your surgeon will talk to you about it. Some surgeons need you to have a BMI below a certain level for planned surgery. This is because being overweight raises your risk of problems after surgery and doubles the chance of your hernia coming back early. It's also important not to gain too much weight after your hernia repair, as this can also cause the hernia to return.

If you need to lose weight, you can speak with your GP or ask if you can see a dietitian. The NHS website <https://www.nhs.uk/better-health/lose-weight/> also has helpful advice. Some people consider medical treatments, like weight loss injections (GLP-1s). Right now, these are not usually available on the NHS, but some private clinics can prescribe them. Always check with your medical team to see if these are right for you.

## Post op care and recovery

Recovery after parastomal hernia surgery is much like the recovery after your stoma was created. In hospital, you will get pain relief. This might be from a patient-controlled machine or strong pain pills. Take your pain medicine as your doctor tells you—being comfortable will help you stand up and move sooner. While it might feel easier to stay in bed, getting up and moving is important after surgery.

Getting in and out of bed can be easier if you first roll onto your side. Avoid twisting your stomach. Use your arms to push yourself up while lowering your legs to the floor.

When you first start to stand or walk, you might want to bend over, but try to keep your back straight. It is normal to feel your wound stretch as you stand, but this will not harm it. Setting simple daily walking goals on the ward can speed up your recovery, help your mood, and let you notice your progress.

Once you are home, keep moving as much as you can. Set easy goals and try to reach them each day. Everyone heals at their own pace, so do not worry if you need more time. Most people get back to normal activities in a couple of months. Just remember to take things slowly and allow your body time to heal. The Abdominal Wall Unit at York Hospital has a very helpful leaflet about recovering from surgery on their website <https://www.yorkhospitals.nhs.uk/our-services/organdonation/a-z-of-services/abdominal-wall-reconstruction>

The ACHQC app, which was mentioned in the non-operative management section, also has useful information and advice on activities after surgery. This includes tips on how to get out of bed and more details about post-op care.

## Common Questions and Answers on surgical options

### ***Why might I be offered one repair over another?***

Your surgeon will talk to you about the best option for your hernia. They will explain why they think it is the best choice and ask what matters to you about your surgery. Sometimes, surgeons pick an option because of their own experience and results.

### ***Can I choose not to have mesh?***

You can say no to mesh, but your surgeon may suggest not to have the surgery if you refuse mesh. This is because repairs with stitches alone tend to come back faster than those with mesh.

### ***Can I choose what type of mesh I get?***

Your surgeon will talk to you about the best mesh for your hernia. If you have religious or cultural reasons not to use mesh made from animal tissue, tell your surgeon—they will find an option that suits you.

### ***If my hernia comes back, did I do something wrong?***

No. If your hernia returns after surgery, it is not your fault. It isn't anything that you have done wrong. Talk to your surgeon or stoma nurse if you are worried—they can help explain things.

### ***If my hernia comes back, did my surgeon do something wrong?***

No. Parastomal hernias have a high chance of coming back. Your surgeon will do their best to help you, but a returning hernia is common and not because of anything your surgeon did wrong.

### ***If my hernia comes back, can I have the same surgery again?***

You can have another repair if your hernia returns, but each operation becomes harder. Sometimes, the same type of surgery is not possible, and a more complex operation is needed for the best results.

### ***Can I ask about my surgeon's experience?***

Yes, you can ask your surgeon how many of these operations they have done. It is a good idea, because not all surgeons specialise in hernias. Some focus on cancer or IBD surgery. Having a surgeon with lots of experience in parastomal hernia repairs often leads to better outcomes.

### ***Can any surgeon do my surgery?***

Yes, any surgeon can perform it. However, if your operation is planned, it is better to have a surgeon with experience in hernia repairs. In an emergency, the on-call surgeon will help you.

## **Patient Story**



“When I developed a parastomal hernia my surgeon said that she would refer me to someone who had a special interest in parastomal hernias. I was really nervous as I liked my surgeon and trusted her. It was scary going to see someone new. He was so lovely though, he explained everything to me, and answered all the questions that I had. After my appointment he sent a really long letter to my GP that had everything in that we’d discussed and I was able to read this at home and it made me feel really confident that having the operation was the best thing for me.”



## What I like about this option/questions to ask your clinical team

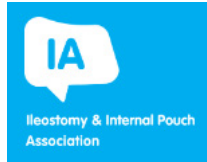
You can use this page to write down what you like about this treatment option, as well as anything that makes you worried. There is also space for you to jot down questions you want to ask your clinical team. This can help you prepare for your next appointment and make sure you remember everything you want to discuss.

**What I like about this option**

**What worries me about this option**

**What I would like to ask my clinical team about this option**

## Other information and useful contacts



IA: Ileostomy and Internal Pouch Association  
[www.iasupport.org](http://www.iasupport.org)



Colostomy UK  
[www.colostomyuk.org](http://www.colostomyuk.org)



Urostomy Association  
[www.urostomyassociation.org.uk](http://www.urostomyassociation.org.uk)



Mind  
[www.mind.org.uk](http://www.mind.org.uk)



Samaritans  
[www.samaritans.org](http://www.samaritans.org)



British Association for Counselling and Psychotherapy (BACP)  
[www.bacp.co.uk](http://www.bacp.co.uk)

## Stoma Care Nurse

Name:

Phone number:

Email:

## Glossary

**Abdomen:**The area between your chest and pelvis. It holds your bowel and other organs. People sometimes call it the belly or tummy.

**Bowel (also called intestine):**This is a long tube in your body. It digests food and removes waste. There are two parts: the small bowel and the large bowel.

**Colectomy:** Surgery to remove part or all of the colon (large bowel).

**Colon:**Another name for the large intestine.

**Colostomy:** Surgery that creates an opening from the colon to the surface of your abdomen. Waste leaves the body through this opening into a bag.

**Elective surgery:** Surgery planned ahead of time. It is not done in an emergency.

**Emergency surgery:** Surgery that must happen right away because of a sudden health problem.

**Ileostomy:** Surgery that brings the end of the small bowel to the surface of the abdomen. Waste leaves the body through this opening into a bag.

**Incisional hernia:**A bulge that forms at the scar where you had a previous surgery on your abdomen.

**Intra abdominal pressure:** The steady pressure inside your abdomen, caused by your organs and abdominal wall.

**Intraperitoneal:**The space inside the area that holds your abdominal organs.

**Ileal conduit/urostomy:** Surgery that creates an opening (stoma) on your abdomen for urine to drain out. A piece of small bowel is used to make a passage for the urine. Urine leaves the body through this opening into a bag.

**Keyhole/Laparoscopic:** A type of surgery done by placing instruments through small cuts in the skin. It leaves less scarring and helps you recover faster.

**Laparotomy:** Surgery where a cut is made down the middle of the abdomen to look at the organs inside.

**Minimally invasive surgery:** Surgery that uses smaller cuts than open surgery. Examples are keyhole and robotic surgery.

**NG Tube:** a thin tube that is inserted via your nose and into your stomach to drain any fluid and stop you being sick.

**Obstruction:**A blockage in the bowel (small or large) that stops the flow of food and waste.

**Omentum:** A layer of fatty tissue that covers the organs in your abdomen.

**Prophylactic:** Something that prevents a problem. In hernia surgery, a mesh can be put in when the stoma is made to stop a hernia from forming.

**Recurrence:** When something happens again. For hernias, it's when the hernia comes back after surgery.

**Retromuscular:** The space behind the main stomach muscle (rectus abdominis). Mesh or other materials can be placed here during hernia repair.

**Robotic:** Surgery using robotic tools controlled by a surgeon. This often means smaller cuts and faster healing.

**Subcutaneous:** The tissue just below the skin, between the skin and the muscle.

**Small bowel:** A long tube that carries food between the stomach and colon. It is about six metres long and has three parts: the duodenum, jejunum, and ileum.

**Stoma:** An opening made in the abdomen to let waste (urine or poo) leave the body if the usual path is blocked. A bag is worn outside the body to collect the waste.

**Strangulated:** When a hernia cuts off the blood supply to trapped tissue. This is very serious and needs urgent medical help.

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Thank you to Colostomy UK for allowing us to reproduce the images on page 2.



This information aid is dedicated to the memory of Professor Neil Smart PhD, FRCS. Neil was a Consultant Colorectal Surgeon with a passion for helping patients with parastomal hernia. Neil was also a friend and mentor to the researcher that undertook the work to develop this information aid. Neil sadly died in June 2025 after being diagnosed with oesophagogastric cancer in May 2024.

