

Frequently asked questions about Parastomal Hernias

WHAT IS AN ABDOMINAL HERNIA?

A hernia occurs when part of an organ protrudes through a weakened area in the muscles or tissues that surround and contain it. The protrusion becomes a bulge then a hernia which, in the abdomen, may contain fat, intestine or other tissue in its sac. Different types of abdominal hernias are named according to where they are located on the abdomen (*epigastric, umbilical, femoral*) and what has caused them (*incisional*) as shown in the diagram. A person with a stoma may get any type of hernia, but here we are discussing parastomal hernia, a type of incisional hernia which occurs next to / around a stoma.

HOW WOULD I KNOW IF I HAVE A PARASTOMAL HERNIA?

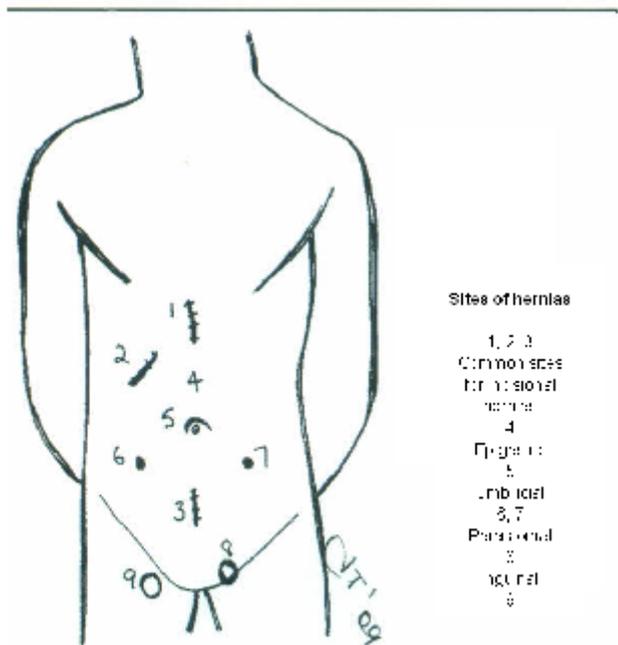
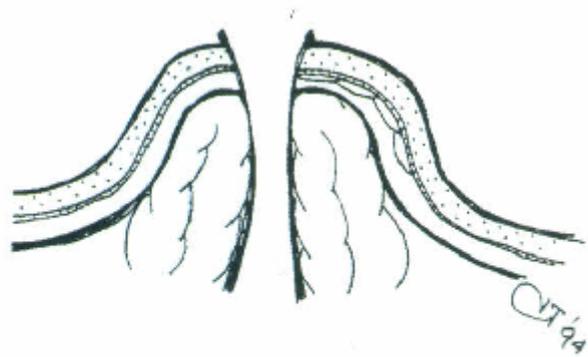
Stand for a fifteen minutes then look down. Is there a bulge near the stoma making that side of the abdomen bigger than the other? NB not all bulges are already hernias . . . and this is when a support may help prevent a true hernia occurring! Cough and see whether it increases in size. Some hernias cause mild discomfort, aching and a dragging sensation. Some cause nausea when intestine passes into the sac. Has your stoma changed size (*bigger in diameter*) or shape, or does it seem to have moved to a slightly different place on your abdomen? IF SUSPICIOUS GO AND SEE YOUR STOMAL THERAPY NURSE OR DOCTOR. Sometimes a CT scan is needed to confirm that a bulge is a true hernia.

WHAT DOES IT MEAN IF A HERNIA IS 'REDUCIBLE'?

When a person with an abdominal hernia relaxes their abdominal muscles and lies down on their back for a few minutes and the tissue in the hernia can be pushed back into the abdominal cavity so that the bulge flattens, then their hernia is 'reducible'.

WHY DO SOME PEOPLE GET HERNIAS WHILE OTHERS DO NOT?

Some people are born with decreased ability to make strong enough muscles, other people are born with normal ability but it decreases through age, smoking, obesity, surgical incisions, wound infections, straining during bowel movements or when passing urine, straining during heavy lifting, pregnancy, persistent coughing (*smoker's cough*), persistent sneezing (*allergies*), or persistent crying (*babies*).



Sites of herniae

- 1, 2, 3 Common sites for incisional hernia
- 4 Epigastric
- 5 Umbilical
- 6, 7 Parastomal
- 8 Inguinal
- 9 Inguinal

WHY DO SO MANY PEOPLE WITH STOMAS GET HERNIAS?

When bowel is brought onto the abdominal surface to make a stoma it must first pass through the muscles of the abdominal wall, thus a site of weakness is immediately created. Ideally the bowel should fit snugly in the opening, and usually it does at the time of surgery, but things change gradually and the gap enlarges allowing first a bulge and maybe later a hernia.

IS THERE ANYTHING I CAN DO TO PREVENT GETTING A HERNIA?

There are some factors you cannot change - such as your age or having genetically determined muscle weakness. However you can wear a support to make up for that weakness.

There are factors you can change, and these might lessen your chances of getting a hernia. Eat a healthy diet so you avoid constipation (can lead to straining) and avoid being overweight (puts extra strain on muscles). Wear a support garment and use proper lifting methods and avoid pulling, pushing or lifting things that are too heavy for you. Don't smoke because chronic coughing puts strain on muscles. Do regular gentle exercises to strengthen and tone your abdominal muscles.

NB. Exercises won't make an existing hernia go away . . . they may even make it worse due to increasing abdominal pressures. **IF YOU HAVE A HERNIA CONSULT YOUR DOCTOR BEFORE STARTING AN EXERCISE PROGRAM.**

CAN PARASTOMAL HERNIAS CAUSE PROBLEMS?

Large hernias can be embarrassing because they are visible under clothing, they can also be uncomfortable and cause a dragging sensation or nausea when part of the intestinal tissue passes in and out of the sac. Large hernias can cause appliances to leak and also may cause skin changes due to the intermittent stretching and relaxation of skin as the hernia goes out then in.

Because intact abdominal muscles play a role in posture, a large hernia can exacerbate back problems.

Because abdominal muscles work with the diaphragm in coughing, a hernia can exacerbate respiratory problems.

A person may experience intermittent bowel obstruction, with a stoma only working when the person is resting and the hernia reduced.

IF THESE PROBLEMS ARE OCCURRING SEE A STOMAL THERAPY NURSE OR DOCTOR.

ARE PARASTOMAL HERNIAS DANGEROUS?

Most parastomal hernias are not dangerous unless they develop complications, and fortunately these are rare, mainly because of the size of the hole in the muscle through which the hernia occurs.

Intestine can become trapped (*called 'incarcerated'*) within the hernia, causing bowel obstruction. Trapped or kinked bowel may lose its blood supply (*known as 'strangulation'*). This painful condition needs emergency surgery to untwist the bowel and prevent permanent damage or death.

Previously successful use of the irrigation system of colostomy management may fail. Continuing to instill fluid may enlarge the hernia and even cause perforation of the bowel – another surgical emergency. It is wise not to irrigate if you have a hernia.

IF WORRIED OR IN DOUBT ABOUT ANY OF THIS INFORMATION SEE YOUR STOMA NURSE OR DOCTOR

WHY DON'T SURGEONS JUST REPAIR ALL THE PARASTOMAL HERNIAS?

The recurrence rate is very high and every operation and anaesthetic carries risks of other complications. A surgeon must weigh up the possible benefits and risks for each individual.

Reproduced by kind permission of Ostomy Australia magazine, August 2009, pp10

Article by Julia Thompson RN STN PhD