

SUPPORT GARMENTS

L.N. [VIC] (*in a letter to the "In Your Own Write" page of Ostomy Australia, April 2009, pp24*) proposes that availability of support garments through associations should be restricted to those who already have a hernia. To use your own words, L.N. this is "shutting the gate after the horse has bolted!" Support garments are very important for prevention.

30% of people with a stoma will develop a hernia. This is not surprising because a hernia occurs where there is weakness in the load-bearing muscle, tendon and fascial layer and the surgeon needs to make a hole to bring bowel through to the skin surface to make a stoma. The natural history of parastomal hernia is to start as a small bulge (*usually within the first twelve months of stoma creation*), and keep growing. If everyone wore a support garment from early post-operative days this may not happen!

Once you have a hernia the best treatment is to move or remove the stoma (*often impossible*) but you then risk a further hernia in the old stoma site. Surgical repair has a high recurrence rate (*usually over 46%*) and is generally avoided unless the person has complications like bowel obstruction; perforation, strangulation or extreme difficulty gaining a seal.

A research project on non-surgical prevention dropped the incidence of hernias from 33% to 15%. It involved not lifting heavy objects (*e.g. the washing basket, the dog or the grandchild*) for the first three months post-operatively, then doing simple abdominal exercises and wearing support belts or girdles when lifting. One should also avoid constipation, obesity and smoking. For more details see: www.stomasupportgarments.com.

It is important to be measured correctly so the appropriate sized garment is used, not too tight. You should be lying flat on your back to allow the bulge/hernia to settle/reduce before measuring with a tailor's tape so the tape can move over the abdomen easily. It is also important that the bulge/hernia is settled/reduced when the garment is placed over the area. Thus if wearing a belt you ought to position it on the bed then lie on top of it before wrapping it around your abdomen. If wearing support pants – you ought to pull them up to a level just below the bulge/hernia then either lie down or if sitting lean back and reduce the bulge/hernia then pull up the pants. Putting on a belt or pants when already in the standing position with the bulge/hernia prominent will not give proper support and is likely to be difficult because it will seem too small/tight. If the pants are so tight that they are difficult to pull up then they are probably not the right size or type. The companies provide a range of sizes, styles and different strength materials – this is because people need to be individually measured and fitted . . . they are not just underpants!

Importantly, it is FAR better not to have a hole in the support garment, because a hole just mimics the situation that caused the bulge/hernia in the first place.

A cost-effectiveness analysis

Sometimes it's wise to spend some money to prevent a bigger problem, hence the saying: "an ounce of prevention is worth a pound of cure". Even before reading L.N.'s letter, a cost-effectiveness analysis was undertaken to explore the relative costs, not all of which are measurable in dollars.

The cost of having a parastomal hernia

The **psychological costs** can vary greatly, from negligible to incapacitating.

Social costs involve withdrawal from activities that may otherwise contribute to general wellbeing.

Physical costs include discomfort or a dragging sensation, nausea, back strain, bowel incarceration or strangulation.

Monetary costs include extra laundering and new clothes to fit over and disguise the increasing hernia. Then there is the need to trial new and different ostomy equipment to minimise leakages. There may be time off work to go to a stoma nurse or hospital for assessments and treatments (*conservative or surgical*). Costs for the simplest appliances (*one-piece*) are shown in the table below.

Type of one piece appliance	Range of prices per bag
Closed	\$2.31 - \$3.45
Drainable	\$5.51 - \$7.95
Urostomy	\$3.92 - \$9.04

Many people with a hernia also need accessories to help stop leakages. These are also expensive.

Type of accessory	Average cost per unit
Belt	\$5.57
Barriers wipe	\$1.00
Seal	\$4.22
Paste	\$10.72 per tube
Frames	\$1.36
Tapes	\$1.10 - \$12.00 per roll depending on width

So overall the cost of having a parastomal hernia can be considerable, especially since their natural history is to progressively increase in size and change the size and shape of the abdomen and stoma. The cost of appliances and accessories varies greatly, but very conservatively, if a person has only one leakage a week and it costs an extra \$7.00 to fully replace their appliance and accessories, that works out at \$364 p.a. extra cost to the taxpayer funded scheme (*i.e. less than the cost of the support garments*) . . . and this can go on for years . . . and many people with a hernia have more than one leakage per week.

Anyone who is having frequent leakages should go and see a stomal therapy nurse and solve the problem - this is a far better way to reduce costs for the associations.

So far the only **benefit of having a parastomal hernia**, that I have discovered, is that it is easier to reverse a loop ileostomy with a hernia, and in that situation the surgeon would repair the hernia when reversing the ileostomy.

The costs and benefits of a program to try to prevent hernias developing

This part of the analysis looks at the prevention program described earlier.

The **monetary cost for the support garments** (*Stoma Appliance Scheme listings, January 2009*).

Type of garment	Annual cost if full allowance received
Support pants	\$341.97
Support belts	\$126.64 - \$202.32

Other monetary costs include three or four visits to the stomal therapy nurse in the first year to educate and monitor progress and then visits annually thereafter. This may involve time off work for the person, and the cost of the nurse's time which varies

according to the level of appointment and type of institution. Although the patient does not pay the nurse – someone does!

The other cost is the person's **time** to perform the exercises daily.

The benefits of the prevention program: a drop in hernia development from 33% to 15%.

The program's requirements to stop smoking, avoid constipation, undertake regular exercises, and avoid lifting should all give a general health benefit. Added to that, people generally feel more comfortable when wearing the garments and when applied correctly they tend to hold the appliance in place, extending their wear time.

The costs and benefits of having surgical repair of a parastomal hernia

The **monetary costs** vary according to surgeon and hospital. If a person is treated in a public hospital then it may cost them nothing . . . but that does not mean that there is no cost, it means that the taxpayer is paying! The following amounts have been derived from the Nov 2008 Australian Private Hospital Procedure Banding List.

Item	Cost
Repair of simple - complex hernia	Surgeon \$529.70 - \$929.83
Refashioning stoma (<i>sometimes needed</i>)	Surgeon \$594
Anaesthetic	Anaesthetist \$720 - \$960
Admission per night	\$719
Cost of theatre for a band 6 operation	\$1717

Then there is pay lost for time off work for hospitalisation and recovery.

For every anaesthetic there is a risk of morbidity, and because the success rate of repairs is notoriously poor it is common for people to have more than one repair operation. Actually having a parastomal hernia repaired increases the risk of further hernia and with it other complications. With all these costs, financial and otherwise it is no wonder surgeons try to avoid these operations unless really necessary.

The benefits of having a parastomal hernia surgically repaired can include improvement in comfort, appearance and morale, having appliances adhere and improvement in back and respiratory problems. Of course the major benefit in the person who had an incarcerated or strangulated bowel is that the operation can be lifesaving . . . and in that instance the cost and risks are justified, even if the hernia recurs.

In conclusion, parastomal hernias are common and having a parastomal hernia can condemn a person to a poor quality of life and if complicated can (*rarely*) be life threatening. Having a hernia repaired can be very costly and recurrence rates are high. There is now evidence that a simple prevention program involving education, support garments, simple exercises, sensible diet and avoiding constipation, obesity, heavy lifting and smoking may prevent parastomal hernia development in a significant percentage. The cost of this prevention program is small compared with surgical treatment or living with a parastomal hernia.

Wearing of support garments should be encouraged . . . especially in people who do not (*yet*) have a hernia . . . because without a prevention program 30% are likely to develop one . . . an ounce of prevention is worth a pound of cure.

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Article by JT, NSW (STN for 30+ years)