

## PARASTOMAL HERNIA

Cheung, MR, Chia, NH, Chia WY. Surgical treatment of parastomal hernia complications in sigmoid colostomies. *Dis Colon Rectum* 2001;44:266.

### Background:

- Parastomal hernias are common, and usually late complication of sigmoid colostomies- 20-36%
- Most are asymptomatic
- Surgical Repair is indicated for pain, intermittent obstruction, acute incarceration and persistent difficulty with appliance fit.
- Surgical Options: Local repair vs. Relocation
- Suspected Etiology related to:
  - Patient obesity
  - Malnutrition
  - increase in intra-abdominal pressure
  - steroids
  - age
  - location (transrectus vs. lateral to rectus)
  - size of aperture.

### Methods:

- Retrospective review 1990-1999 of 43 surgical treatments on 41 patients at Queen Elizabeth Hospital, Hong Kong
- classified the hernia as small (0-3cm); moderate (4-6cm); large (7-10cm); huge (>10cm)
- Generally: small hernias treated with local repair and large hernias treated with relocation.

### Results:

- 322 patients (302 end, 17 loop, and 3 double-barrel)
- average age of 127 pts-46 to 89 years
- 43 Repairs (7 huge, 22 large, 13 moderate, 1 small)
- 38 lateral to rectus, 5 were transrectus
- 6/16 of local and 6/25 relocation repair needed laparotomy
- 3 in hospital deaths - all in emergent patients who had local repair
- mean f/u 37.8 months
- recurrence Rate: 6/13-46% local vs 10/25-40% relocation
- 9/16 of the patients who recurred were satisfied with the operation despite recurrence.

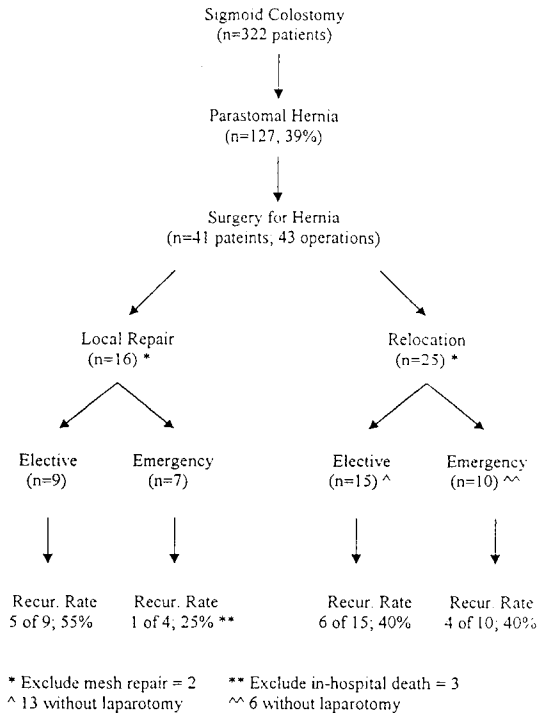
### Discussion:

- Most advise conservative treatment because of failure rates and dissatisfaction.
- Advocate relocation if old stoma site is unsatisfactory, or if the transrectus is available.
- Advocate avoiding laparotomy to decrease OR time, less trauma, post-op pain, less tension and risk of additional incisional hernia (2/25).
- less recurrence in male patients, no significant difference in recurrence with age, emergent vs elective or interval to treatment

- Mesh in past studies has varying results with 3/7 failure (infection and recurrence) in Rubin et al. and 0/15 in a study by Stephenson and Phillips when combining local repair with mesh.

**Criticism:**

Limited studies, small sample size, surgeon variability, large percentage were lateral to rectus



**Figure 1.** Flow chart showing follow-up of patients with sigmoid colostomies. Recur. = recurrence.

**Table 2.**  
Complications of Elective Operations on Parastomal Hernia

Fascial repair (n = 9)	
Overall complication	0
Stoma relocation (n = 15)	
Intestinal obstruction	1
Volvulus of small bowel	1
Deep vein thrombosis	1
Wound necrosis	1
Incisional hernia	2
Wound infection	2
Overall complication	5
Mesh repair (n = 2)	
Overall complication	0

**Table 3.**  
Complications of Emergency Operations on Parastomal Hernia

Fascial repair (n = 7)	
Septicemia	2
Acute renal failure	1
Intestinal obstruction	1
Deep vein thrombosis	1
Overall complication	5
Death	3
Stoma relocation (n = 10)	
Septicemia	2
Respiratory failure	1
Intraabdominal abscess	1
Wound infection	2
Overall complication	3
Death	0

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