



Hernia



Simon,
colostomy since 2010

Hints & Tips

FOREWORD & ACKNOWLEDGEMENTS

This booklet offers guidance to the person undergoing surgery which will result in stoma formation or for those post-operatively who may be at risk of or perhaps already have developed a parastomal hernia.

Please discuss the content with your Stomal Therapy Nurse (STN) if you require additional advice or support.

CONTENT



What is a parastomal hernia?3

Am I at risk of developing a parastomal hernia?4

What is my ideal weight?5



Practical hints & tips to reduce risk of developing a parastomal hernia6

I think I've developed a hernia - what should I do?7

Parastomal hernia management8

Exercise9

Dansac would like to thank the following for their invaluable contribution to this booklet:

Sharon Colman

BSc (Hons) Community Stoma Nurse Specialist, Norfolk.

Kevin Hayles

Dip HE, RN Queens Hospital Romford, Essex.

Debbie Johnson

RGN, Stoma Specialist, Dansac UK, London Community.

Jacqui North

RGN BSc(Hons), Senior Clinical Nurse Specialist, Stoma Care, SE London Community.

Jo Sica

Clinical Nurse Specialist, Stoma Care, Kingston CCG.

WHAT IS A PARASTOMAL HERNIA?

Parastomal hernia is a common complication which can affect some people following stoma formation.

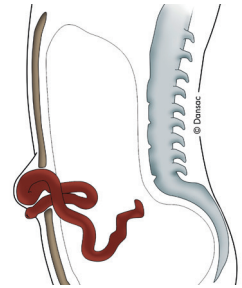
Research has shown that as many as 10-50% of patients may go on to develop a hernia.^{6, 9, 10}

During your surgery an incision is made through the abdominal wall and muscle. This can result in a weakness in the muscle surrounding your stoma which may lead to a noticeable bulge behind or around the stoma.

Parastomal hernia is not always painful but can often be uncomfortable and inconvenient. Some patients describe a heavy, dragging sensation in and around their stoma.

The risk of developing a parastomal hernia is more common in the immediate post-op phase and decreases over time⁸. Herniation may however develop many years after surgery.

Please refer to the section AM I AT RISK?



Sideways view of a hernia formation



Example of a parastomal hernia

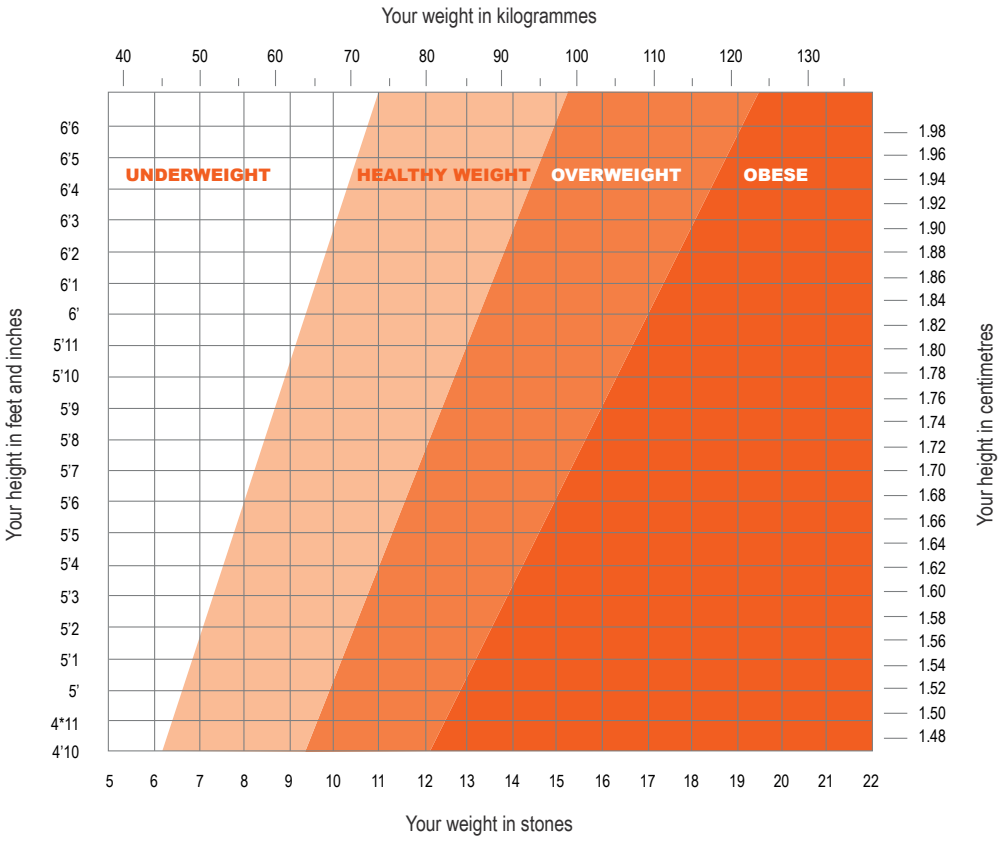


Hernia



- Overweight or marked weight gain or loss¹¹ - refer to **ideal weight chart**.
- Repeated abdominal surgery.⁹
- Steroid therapy.¹¹
- Smoking significantly increases risk of herniation.³
- Heavy lifting.⁸
- Excessive coughing, sneezing or vomiting.¹¹
- Straining.¹¹
- Previous history of hernia formation.⁹
- Poor nutritional intake.^{3,7}
- Pregnancy, especially if accompanied by excessive vomiting.¹
- Muscles becoming weaker with age.²
- Stoma type – Double barrel or loop colostomy.²

WHAT IS MY IDEAL WEIGHT?



WHAT CAN I DO TO REDUCE THE RISK?



- Do not lift anything heavier than 2.2 kg (5lbs) for up to six weeks after your surgery.¹¹
- Manage your weight⁵ - Refer to **ideal weight chart**.
- Try to maintain good posture at all times as this will help strengthen your core muscles.
- Coughing and sneezing causes increased strain on your abdominal muscles. Place your hands against your abdomen, applying light pressure and support when required.
- For those who smoke it is strongly recommended that you seek advice to stop smoking.
- Research has shown that following a daily exercise plan can reduce the risk of herniation. Please refer to exercise section at the back of this booklet for an easy to follow guide.⁴
- Comfortable lightweight support garments should be worn at all times post-operatively. This has shown to be effective against hernia formation.⁴ Speak to your STN about these options. Please do seek advice for additional support garments if at increased risk.
- Avoid constipation (colostomy and urostomy).

I THINK I HAVE DEVELOPED A HERNIA

- Seek advice and assessment by your STN.
- You will require review of your stoma, skin and ostomy appliance as a parastomal hernia may alter the fit and security of your stoma product.
- Following assessment your STN may recommend an alternative support garment more appropriate to your needs.
- If you irrigate your stoma (colostomy) you may experience some difficulty. Your STN will advise accordingly.
- If experiencing abdominal pain or discomfort seek advice for analgesia.

MANAGING A PARASTOMAL HERNIA



Female



Male



Support belt

Conservative management with support garment

- This is the primary management of parastomal hernia and is achieved with the wearing of support garments.
- A range of hernia support garment options are available on the Stomal Appliance Scheme (SAS) and medical wholesalers, ask your STN about your options. Appropriate selection depends on the size of your hernia and your own individual preference and needs. It is important that you find a comfortable garment that you are happy to wear all day, everyday whilst providing you with the necessary abdominal support.
- Two types of support garment are commonly used:
 - Hernia Support Belts. These come in several widths and designs. This depends on the size and shape of your abdomen.
 - Control Top Garments. There are many types including brief, boxer and vests.
- All of these garments need to be expertly fitted by your STN or a qualified garment fitter.
- Support garments rarely interfere with stoma function, however occasionally a hole is required to accommodate the stoma pouch. Your STN will advise.

Surgery

- Most parastomal hernias do not require surgery. However, if the hernia is causing pain and/or becoming unmanageable, surgery may be considered. As with all operations that require an anaesthetic there are associated risks.
- Having a hernia repair does not guarantee it will not reoccur.
- Discuss options with your STN and surgeon.

EXERCISE



- Preparing your body before surgery is as important as following surgery to reduce the risk of developing parastomal hernia.
- Physiotherapists generally recommend you commence gentle abdominal exercises 3-4 days after surgery unless otherwise advised by your surgeon or Stomal Therapy Nurse. Please refer to page 10 for suggestions.
- It is important to persevere and carry out these exercises daily. It is a long term commitment to help prevent you from developing a parastomal hernia.
- Slowly build your activity level as you feel fit, aiming to return to the active life you enjoyed before surgery.
- Walking is a great way of keeping fit. Start slowly with a 5-10 minute walk daily, gradually increasing to a 30-45 minute walk by week 6 or until you return to your ability before surgery.
- If your work or leisure activities involve heavy lifting or strenuous exercise it is important that you seek advice from your STN.
- Exercise is a very important part of health and well-being. A long term exercise plan is recommended.

EXERCISE

Ensure you are safe and comfortable before commencing your exercises. For support you may wish to place a pillow under your head, then bend your knees keeping your feet flat. It is important that you perform exercises gently and to your ability during the first 6 weeks. These should not be painful or put excessive strain upon your abdominal muscles. Avoid sit-ups or abdominal crunches.

1. Abdominal Exercise (Lying)

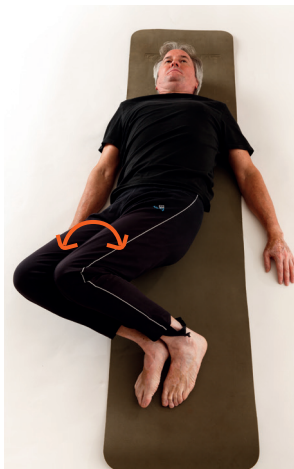
With your hands gently resting on your tummy breathe in through your nose and as you breathe out, gently pull your tummy button down towards your spine. As you feel the muscles tighten try to hold for 3 seconds and then breathe away normally.



2. Pelvic Tilt

Comfortably position your hands in the hollow of your back. Tighten your tummy muscles as before, flatten your lower back onto your hands and tilt your bottom. Hold position for 3 seconds whilst breathing away normally.





3. Knee Roll

Tighten your tummy muscles as before and gently lower both knees to one side as far as is comfortable. Slowly bring them back to the middle and relax. When ready repeat this movement to the other side.



4. Abdominal Exercise (Standing)

Stand with your back against a wall. Tightening your tummy muscles and attempt to keep you back in contact with the wall. Hold for 3 seconds and relax.

You should aim to do each of these exercises 5 times, 3 times per day. Do more repetitions as you feel able.

Maintaining this regime for upto 12 weeks after surgery may reduce your risk of herniation.

EXERCISE SUGGESTIONS

It is generally accepted by Physiotherapists that most people can return to active exercise 12 weeks post surgery. This is whether you had a lapartomy (incision through your abdominal wall) or laparoscopic surgery (key hole surgery).



When aiming to participate in more strenuous activity it is important to build your strength and ability gradually.



Pia,
ileostomy since 1993

Returning to all activities previously undertaken is extremely important. Remember you can be as active as you wish to be. Exercise can include, but is not limited to:

(Recommended by physiotherapists)

- Walking
- Pilates
- Yoga
- Tai Chi
- Swimming
- Aqua aerobics (Lifestyle examples)
- Golf
- Gardening
- Fishing
- Football
- Tennis
- Hill climbing
- Gym activities
- Skiing
- Scuba diving

REFERENCES & SUGGESTED READING

1. Aukamp, V., & Snredl, D. (2004) Collaborative care management of a pregnant woman with an ostomy. *Complimentary Therapies in Nursing and Midwifery*. 10(1), 5-12. Doi:10.1016/S1353-6117(03)00077-5
2. Caracato, M., Ausania, F., Ripetti, V., Campolo, R., (2007) Retrospective analysis if long term defunctioning stoma complications after colorectal surgery. *Colorectal Diseases: The official Journal of the Association of Coloproctology of Great Britain and Ireland*, 9(6), 559-561.
3. McGrath, A., Porrett, T., Heyman, B., (2006) Parastomal hernia exploration of the risk factors and the implications. *British Journal of Nursing* 15(6), 317-21
4. North, J. (2014) Early intervention, parastomal hernia and quality of life : a research study. *British Journal of Nursing (stoma supplement)*, Vol 23, No 5, S14-18
5. Parmar, K., Zammit, M., Smith, A., et al (2010) A prospective audit of early stoma complications in colorectal cancer treatment throughout the Greater Manchester and Cheshire Colorectal Cancer Network. *Colorectal Disease*
6. Raymond TM, Abulafi AM (2002) Parastomal hernia repair – a novel approach. *Colorectal Dis* 4(Suppl 1): 24-34
7. Russell DM, Leiter LA, Whitwell J et al (1983) Skeletal muscle function during hypocaloric diets and fasting: a comparison with standard nutritional assessment parameters. *Am J Clin Nutr* 37: 133–8
8. Thompson, M.J., Trainor, B., (2005) Incidence of parastomal hernia before and after a prevention programme. *Gastrointestinal Nursing* 3(2): 23-27
9. Thompson, M.J. (2008) Parastomal hernia incidence and prevention and treatment strategies. *British Journal of Nursing (Stoma Care Supplement)*, Vol 17, No 2
10. Williams, J. (2003) Parastomal hernia. *The ia Journal*
11. Wound, Ostomy and Continence Nurse Society (2010) Management of a patient with a faecal ostomy: Best practice guideline for clinicians. <http://www.wocn.org/> Accessed June 6th 2015.



NOTES



NOTES

Dansac Australia

PO Box 375
Box Hill, 3128
Victoria, Australia
1800 880 851

www.dansac.com.au

Dansac New Zealand

PO Box 62-027
Mt Wellington
Auckland
0800 678 669

www.dansac.co.nz

