



Tips For Coping With a Parastomal Hernia

When a stoma is brought out to the surface of the abdomen it must pass through the muscles of the abdominal wall, thus a potential site of weakness is immediately created.

In the ideal situation the abdominal wall muscles form a snug fit around the stoma opening. However, sometimes the muscles come away from the edges of the stoma so the bowel can move through the weakness thus creating a hernia - in this case, an area of the abdominal wall adjacent to the stoma where there is no muscle.

Factors that can contribute to causing a stoma hernia to occur include coughing, being overweight or having developed an infection in the wound at the time the stoma was made.

The development of a stoma hernia is often a gradual phenomenon, with the area next to the stoma stretching and becoming weaker with the passage of time. This weakness, or gap, means that every time one strains, coughs, sneezes or stands up, the area of the abdomen next to the stoma bulges, or the whole stoma itself protrudes as it is pushed forward by the rest of the abdominal contents behind it.

As with all hernias the size can increase as time goes by. Stoma hernias are rarely painful, but are usually uncomfortable and can become extremely inconvenient. They may make it difficult to attach a bag properly and sometimes their sheer size is an embarrassment as they can be seen beneath clothes.

Sometimes your surgeon and Stoma Care Nurse feel it would be of benefit for you to have surgery to repair the hernia but often it is felt that conservative management is best. This can involve:

- ◇ The avoidance of any heavy lifting or activities that will cause extra strain on your abdomen.
- ◇ The fitting of a support belt or garment which will help prevent your hernia becoming larger and help reduce the bulge which shows through clothes. This is usually put on while you are lying down to help reduce the size of the stoma.
- ◇ Monitoring any pain and output from the stoma. Very rarely the bowel in the hernia can become twisted or blocked resulting in abdominal pain and often a reduction in or no output. If this happens you should contact your stoma care nurse or GP straight away.
- ◇ Increasing fluid intake to help the output move through any narrowed areas of bowel.
- ◇ Visiting your Stoma Care Nurse if you start getting sore skin for her to check your appliance is fitting correctly and whether you need to have a different shaped template cut to fit your stoma



Some information has kindly been provided by work carried out by Mary Jo Thompson and Bernie Trainor Stoma/Coloproctology Nurse Specialists based at Craigavon Area Hospital