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Parastomal Hernias – Clinical Study of Therapeutic Strategies

E. Târcoveanu, A. Vasilescu, E. Cotea, N. Vlad, M. Palaghia, N. Dănilă, M. Variu
First Surgery Department "I. Tănăsescu – Vl. Buțureanu", "Gr.T. Popa" University of Medicine and Pharmacy, Iași, Romania

Abstract

Parastomal hernias are parietal defects adjacent to the stoma site, after ileostomy and colostomy. Their incidence is variable and they are generally underestimated.

Methods: Between 2001 and 2010 at the First Surgical Clinic Iasi, we treated 861 incisional hernias, of which there were 31 parastomal hernias in 26 patients (3%), 5 of which were recurrent parastomal hernias. Parastomal hernias have been explored clinically, through imaging and intraoperatively. Because our experience and literature review have demonstrated that a mesh repair is a safe procedure in the treatment of parastomal hernia, in 2010 we initiated a prospective randomized trial on the use of prophylactic polypropylene mesh at the time of stoma formation to reduce the risk of parastomal hernia. We enrolled in the study 20 patients with mesh implanted at the primary operation and 22 patients without mesh. The inclusion criteria were: patients with low rectal cancer, stage II-III, irradiated, obese, with a history of hernias, patients who do physical work.

Results: Most parastomal hernias were asymptomatic; only six cases with parastomal hernias required emergency surgical treatment. We performed local tissue repair in 16 cases (4 cases with recurrent parastomal hernia, stoma relocation in one case), sublay mesh repair in 15 cases (one case with recurrent parastomal hernia; stoma relocation in 5 cases). Postoperative morbidity registered included 4 wound infections (one case after mesh repair which required surgical reintervention) and stoma necrosis in one case with strangulation parastomal hernia with severe postoperative evolution and death. After local tissue repair recurrences were seen in 6 cases, after mesh repair we registered recurrence only in one case and no relapse after the relocation of the stoma. The patients with prophylactic mesh at the time of stoma formation to reduce the risk of parastomal hernia were followed for a median of 20 months (range 12 to 28 months) by clinical examination and ultrasound exam every 3 months. We registered 6 recurrences (27,2%), all in the no mesh cohort. We have not seen any morbidity in patients from the mesh group.

Conclusions: Parastomal hernia is a relatively rare disease compared to the number of incisional hernias. With increasing life expectancy stands we noted increased incidence of parastomal hernia as well. Prophylactic use of mesh during the primary operation is a safe procedure and reduces the risk of parastomal hernia.

Key words: parastomal hernia, mesh repair, prophylaxis, colostomy

Corresponding author: Alin Vasilescu, MD
First Surgery Department "I. Tănăsescu – Vl. Buțureanu"
"Gr.T. Popa" University of Medicine and Pharmacy
Independentei Street, no. 1, 700111, Iași, Romania
E-mail: vasilescu.alin@gmail.com