



PARASTOMAL HERNIA REPAIR

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DISCLOSURES

- Allergan Aesthetics, an Abbvie Company
- Bard
- Intuitive
- Medtronic
- Vicarious Surgical
- WL Gore



Parastomal Hernia: Defining the Problem

- Can be associated with ostomy of any kind
- 87,000-135,000 created each year in US
- 50% permanent
- 30-50% require surgical repair



Hernia (2008) 12:137-140
DOI 10.1007/s10029-007-0299-z

ORIGINAL ARTICLE

Laparoscopic parastomal hernia repair

R. O. Craft · K. L. Huguet · E. C. McLemore ·
K. L. Harold

What are the symptoms?

- Pain
- Strangulation
- Obstruction
- Appliance leakage
- Size

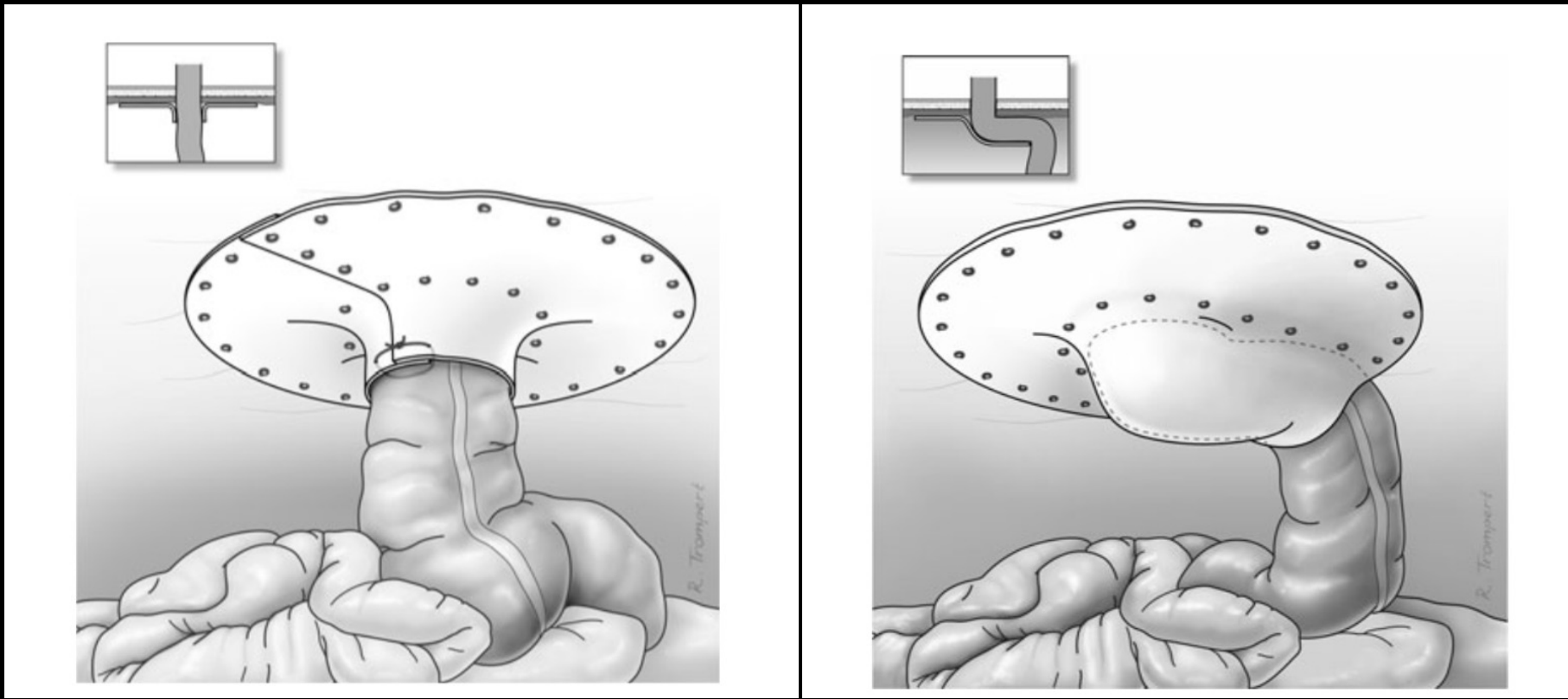


What influences decision making?

- Office consultation/exam
- Review of previous operative notes
- CT abdomen and pelvis
- Endoscopy



Keyhole vs Sugarbaker

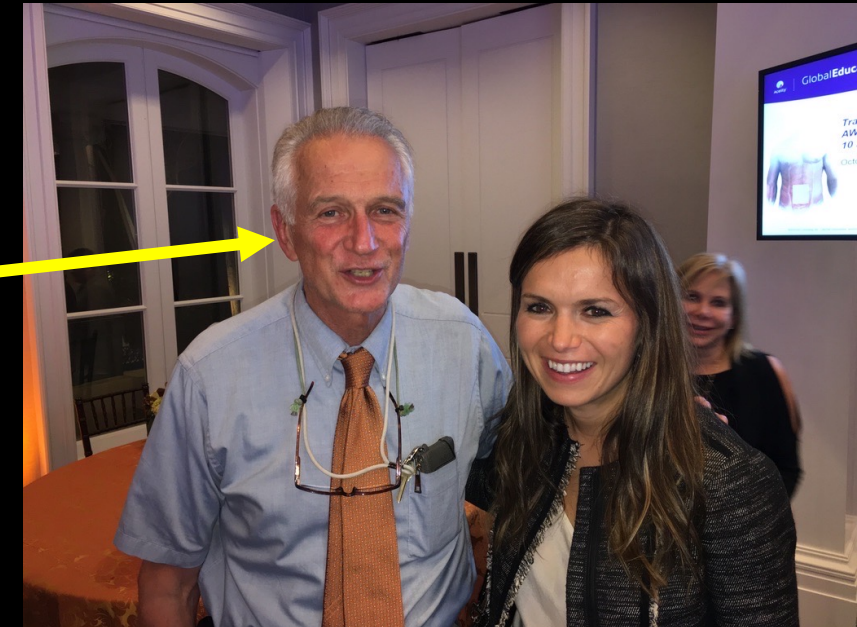


Hansson, Ann Surg 2012

Current state of laparoscopic parastomal hernia repair: A meta-analysis

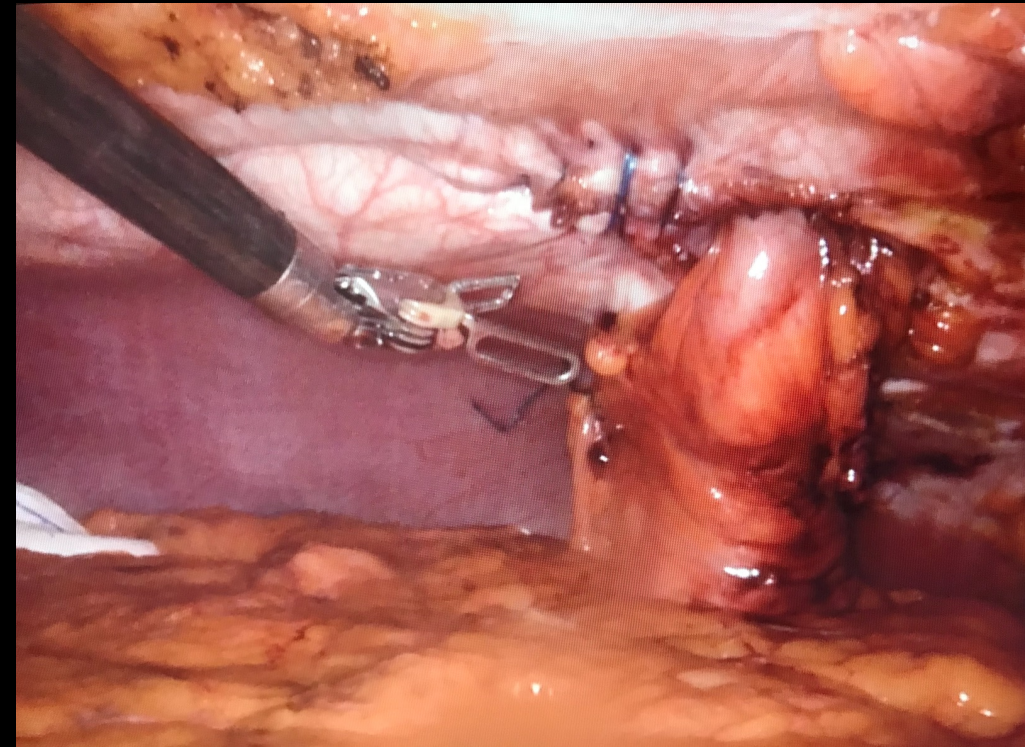
Francis J DeAsis, Brittany Lapin, Matthew E Gitelis, Michael B Ujiki

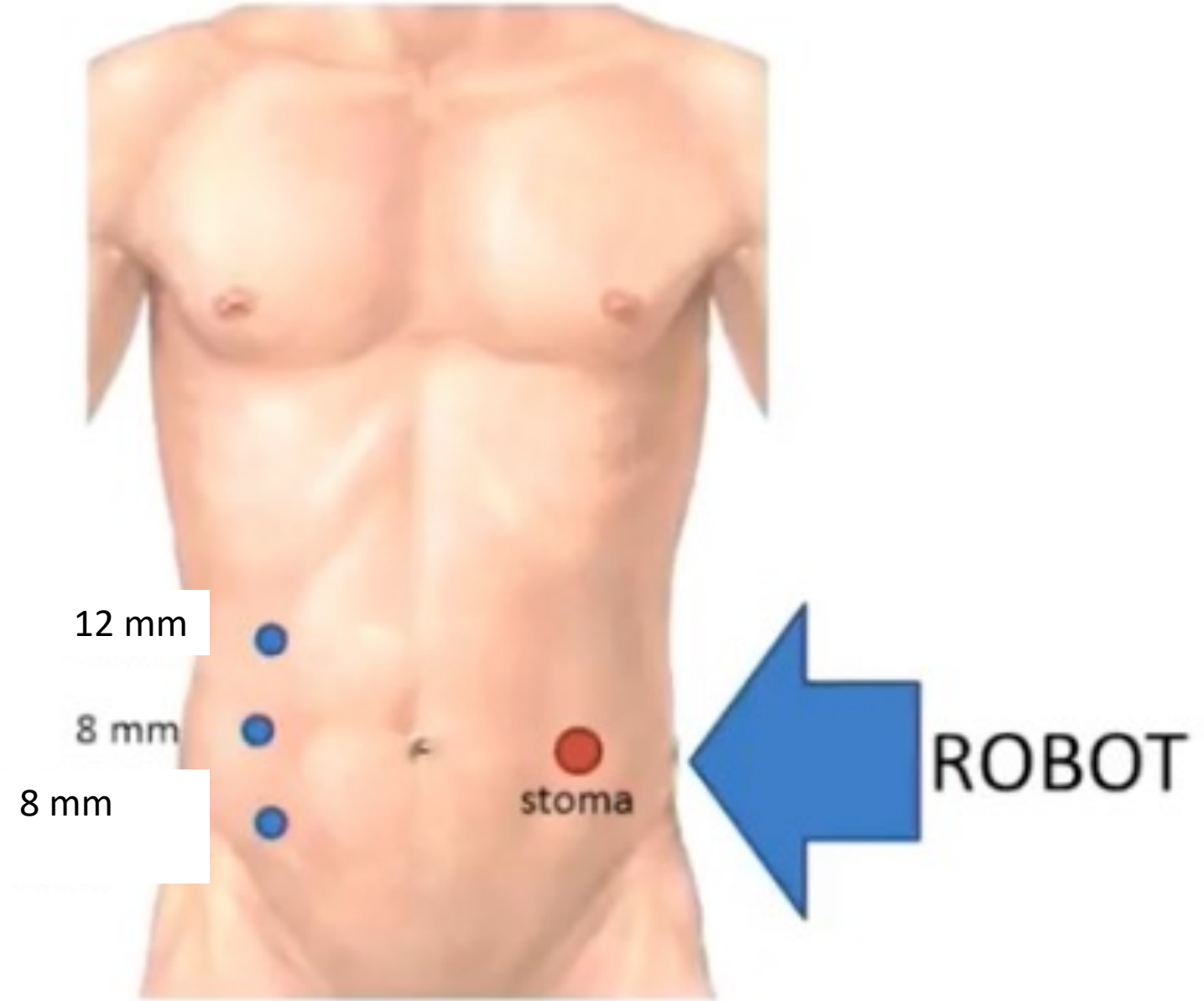
- 15 articles, 469 pts
- 81 recurrences
- 10.2% RR for Lap Sugarbaker
- 27.9% RR for Lap keyhole

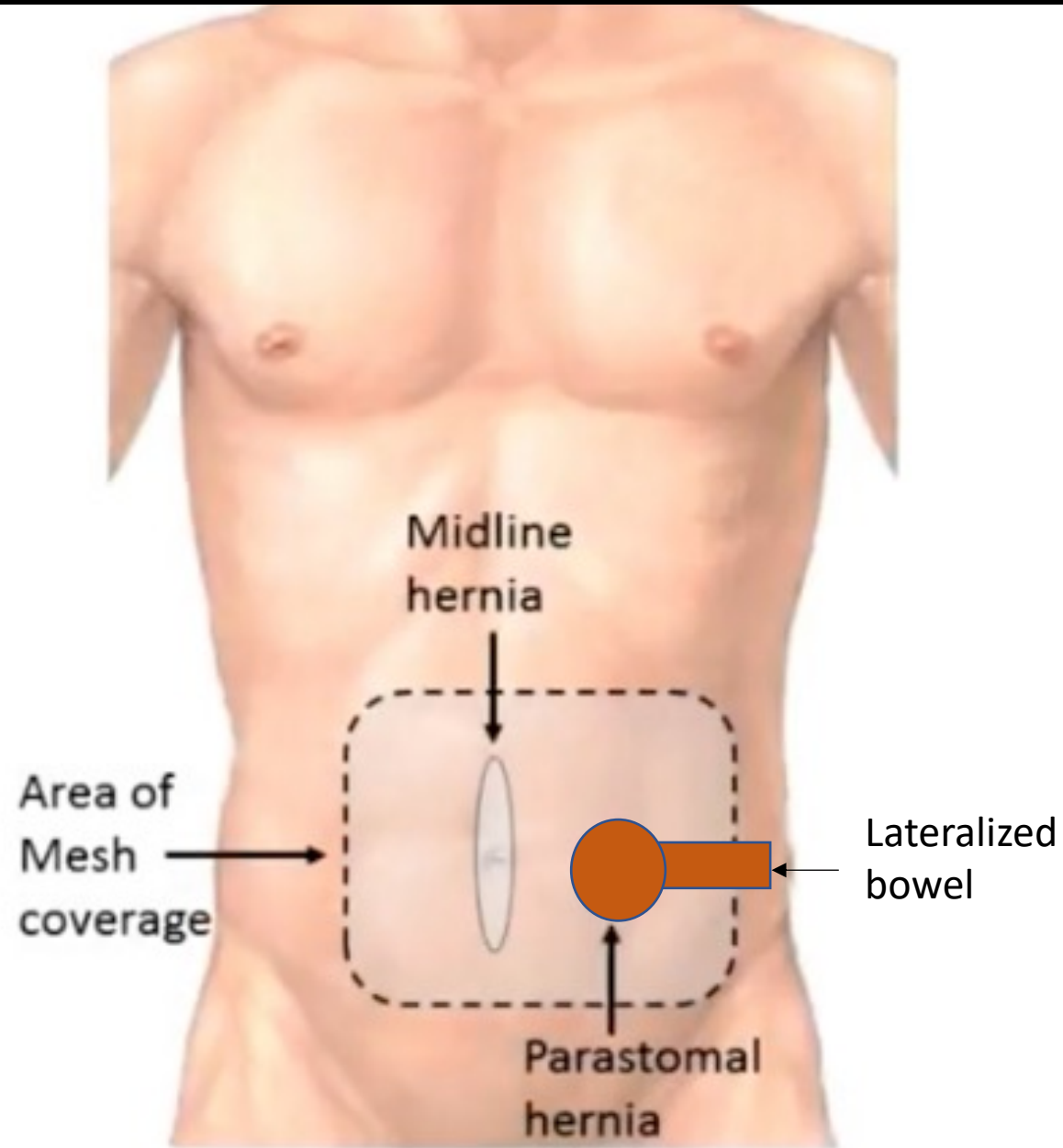


In the Operating Room

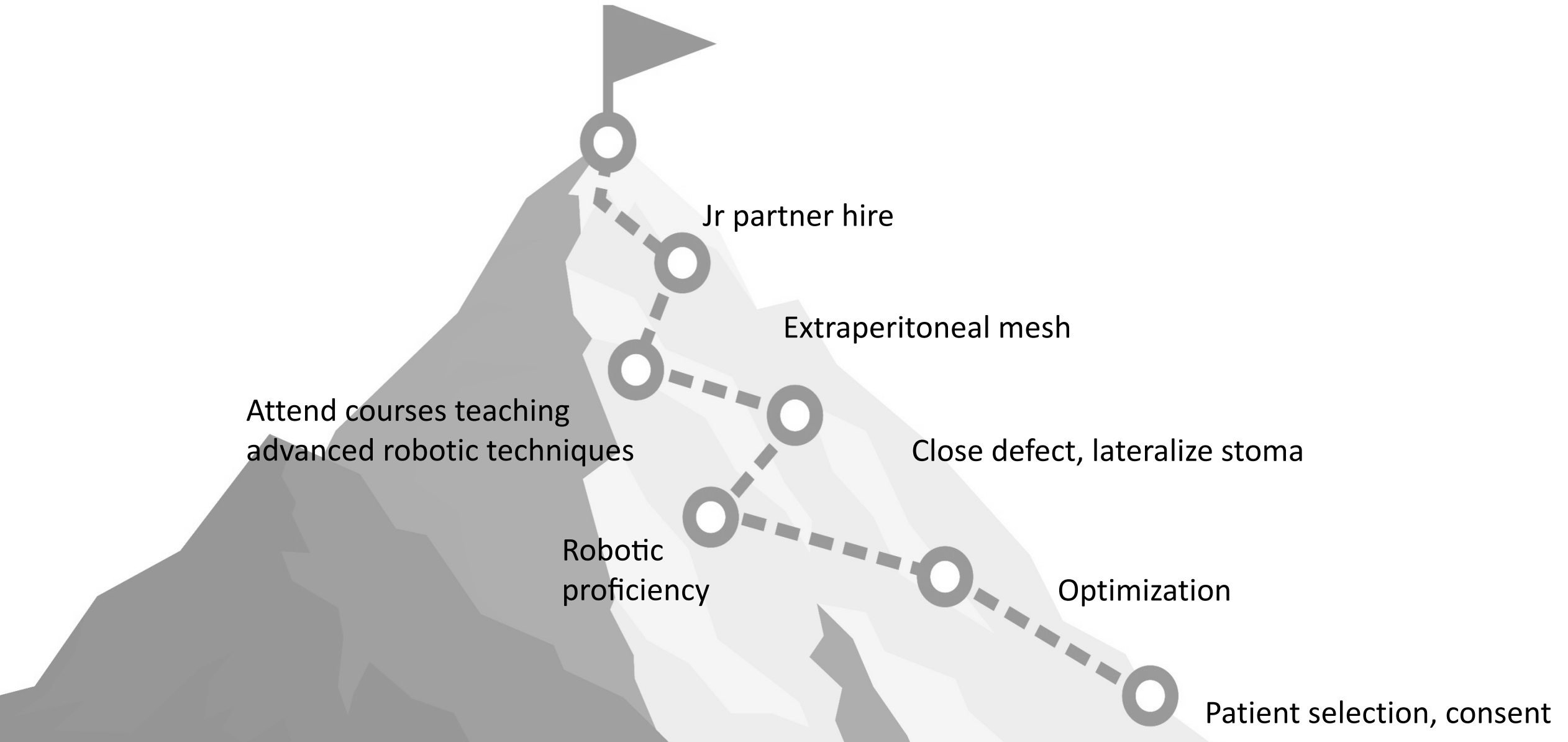
- Positioning
- Access, safe adhesiolysis and reduction of hernia
- Development of pre-peritoneal plane if possible
- Defect closure
- Stoma pexy to abdominal wall
- Mesh positioning/anchoring







Stepwise approach to parastomal hernia repair



Patient information

- 68 year old male with history of rectal cancer s/p resection and permanent end colostomy who developed symptomatic parastomal hernia.
- PMH: HTN, Rectal cancer
- PSH: Proctocolectomy
- Social History: Non smoker, non drinker
- Family History: HTN, hernia
- BMI: 23.6



Patient Background

74-year-old male presented with enlarging parastomal hernia

Medical/surgical hx:

- rectal cancer s/p MIS APR 2 years ago, neoadjuvant chemoradiation, adjuvant chemo
- HTN, HLP, BMI 31 from 36 (lost weight for surgery)

Social/Family hx: non-contributory



Conclusions:

- Preoperative counseling: complications, recurrence and postop pain
- Intraop: careful dissection and large mesh overlap
- Parastomals are complicated, advance gradually!

