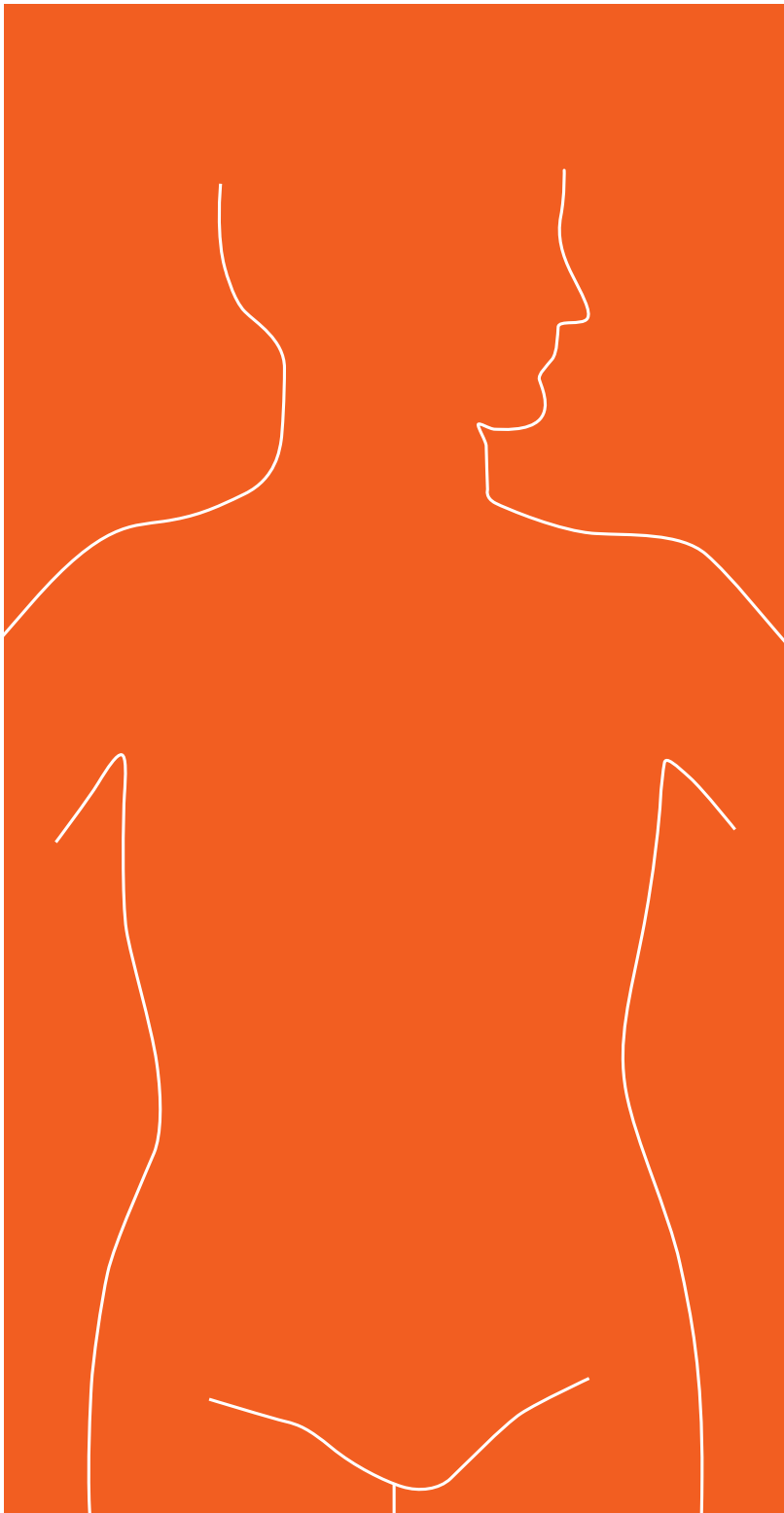




HINTS & TIPS HERNIA

INTRODUCTION

This information leaflet will help you understand what a parastomal hernia is, how to prevent a hernia from developing, how and why it can develop and how to manage and look after yourself if you have a parastomal hernia.

Hernia formation after stoma surgery is a common complication but not everyone with a stoma develops a hernia and the degree of severity and impact on your stoma care, general health and lifestyle varies from person to person. If you have questions about parastomal hernia or stoma care in general, you should always seek the advice of your stoma care nurse.

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Pia,
ileostomy since 1993

WHAT IS A PARASTOMAL HERNIA?

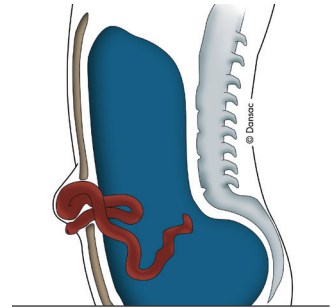
A parastomal hernia (also known as a peristomal hernia) forms as a result of a weakness in the abdominal wall that allows the abnormal protrusion of an organ or part of an organ (usually the bowel), hence why a parastomal hernia appears as a bulge around the stoma. This may cause skin surface irregularities and tension around the stoma, depending on its size and shape.

The size and shape of the hernia will change depending on your position, for example becoming less obvious when lying down. Hernias may be small in size or they can be quite big, some will even be visible through the clothing.

A parastomal hernia usually develops slowly and many people do not realise they have a hernia until they see their stoma care nurse or surgeon. Some find the appearance of the hernia to be very distressing so it is important to understand why a hernia appears and how to prevent it.

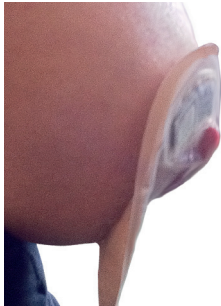


Hernia



Sideways view of a hernia formation

HOW CAN I PREVENT A PARASTOMAL HERNIA?



Hernia

Parastomal hernia is a common complication which affects many people with a stoma and can occur weeks, months or years after stoma surgery. The risk of developing a parastomal hernia increases with age. Other factors include surgical technique, muscle weakness, having multiple abdominal operations, being overweight and coughing/straining.

The risk of a parastomal hernia developing as a result of straining when lifting or during strenuous exercise is generally higher than that of a groin hernia. This is because the muscles are cut to make the stoma and are not as strong as they were before surgery.

You can:

- Perform gentle exercises. These include gentle abdominal stretches or pelvic lifts and walking. Sit ups, crunches or any other exercise directed at the abdominal muscles must be done carefully and in a controlled way.
- Avoid heavy lifting and straining – if necessary, use a wheeled trolley to help move heavier items or get someone to help you move them.
- Manage your weight - stay within an appropriate weight range.
- Wear specially designed garments to help support the abdominal muscles and reduce the risk of getting a hernia if doing higher risk activities.
- Do not lift for the first 12 weeks after your surgery.

MANAGING YOUR PARASTOMAL HERNIA

If you suspect you have a hernia you should be assessed by your stoma care nurse. The stoma care nurse will assess the size of the hernia as well as how easy it is to reduce it (push back in when lying down) and can also give you advice about managing your stoma and support garments.

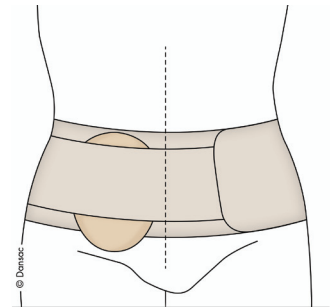
Support garments

The first decision is whether the hernia can be kept reduced with support garments such as a hernia belt or support garment to provide support to the abdomen. The choice of garment depends on the size of the hernia and your pouching preferences. Your stoma care nurse will assess or arrange an assessment to decide what type of support garment will be suitable for you.

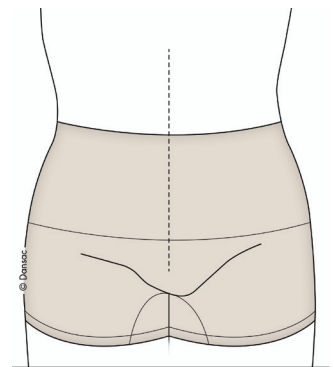
Hernia belts come in many widths and configurations; the width depends on the shape of the abdomen.

“Control top” garments and girdles may cover the stoma pouch. Many fear that garments like this may prevent stool from exiting the stoma. As long as the garments do not rub the stoma and cause bleeding, they may be worn.

Do not just buy anything because it looks good. It's best to follow the directions or see the stoma care nurse again for advice.



Hernia Belt



Control Top Undergarments



REMEMBER

Do the exercises slowly and in a controlled way. Do not rush the movement. You should feel comfortable at all times.

Stoma care

The stoma care nurse will need to assess your abdomen in sitting and standing positions when assessing for a suitable and reliable ostomy product.

You need to check that your pouching system has the correct sized opening. Sometimes convex products can cause some issues with the skin due to increased pressure and the skin appears shiny or even damaged. Ensure that you seek advice from your stoma care nurse if you develop any skin problems under your appliance.

Some people with a colostomy and parastomal hernia may notice that their stoma output is more erratic than it used to be.

Diet

It may be useful to review your diet and eating habits as some foods may cause diarrhea, increased flatus or stoma dysfunction.

Effect on irrigation

It is generally advised not to irrigate your stoma if you have a parastomal hernia. Talk to your stoma care nurse about management options.

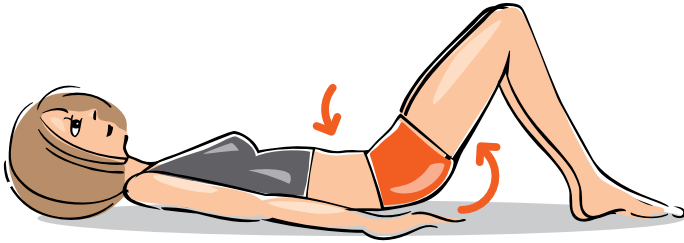
Surgery

If the hernia continues to increase in size thus making it difficult to get a secure fit of your pouch and maintaining healthy skin or if you feel that your quality of life is becoming compromised because of the size of the hernia, discuss with your surgeon or stoma care nurse what options are available to you.

Occasionally surgical repair may be required and the stoma may need to be moved to the other side. As long as the hernia is soft and reduces when you are lying down this is very rarely the case.

DAILY EXERCISE

1. PELVIC TILTING



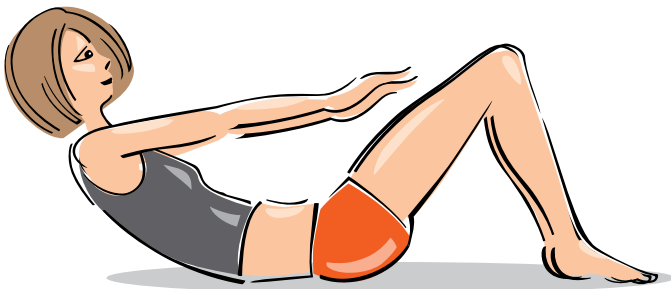
- a) Lie on your back on a firm surface with knees bent and feet flat on the floor
- b) Pull your tummy in, tilt your bottom upwards slightly while pressing the middle of your back into the floor and hold for two seconds
- c) Let go slowly
- d) Repeat ten times

2. KNEE ROLLING



- a) Lie on your back on a firm surface with knees bent and feet flat on the floor
- b) Pull your tummy in, and keeping your knees together, slowly roll them from side to side
- c) Repeat ten times

3. ABDOMINAL CRUNCH



- a) Lie on your back on a firm surface with knees bent and feet flat on the floor
- b) Place your hands on the front of your thighs and pull your tummy in
- c) Lift your head off the floor
- d) Hold for three seconds, then slowly return to starting position
- c) Repeat ten times

Find more information:

www.dansac.com

www.c3life.com

www.ostomylifestyle.org

www.colostomyassociation.org.uk

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