

Tommy JOHNSEN & T.Stornes, T.E.Bernstein
 St.Olav`s Hospital, Trondheim university Hospital

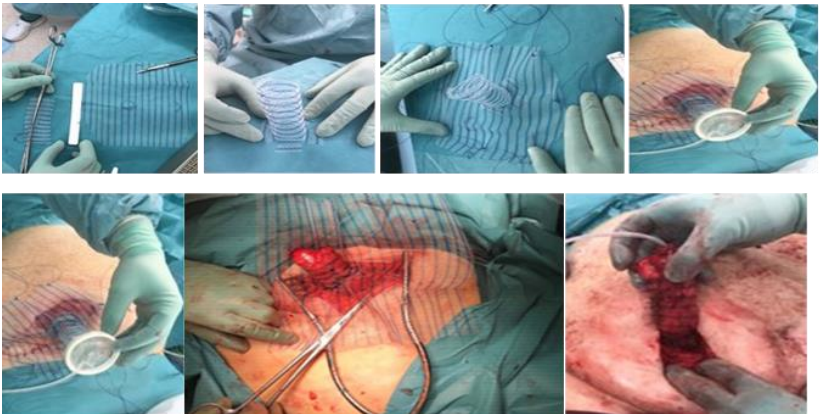
Parastomal Hernia and the Hostile abdomen: is Tophat plasty the solution?

Purpose:

To evaluate the safety and feasibility of Tophat plasty in parastomal hernia repair, and evaluate long-term results, including recurrence rate.

Methods:

A prospective single-center study including all patients who underwent open Tophat plasty at St.Olavs hospital from 2020 to 2024. Patients were selected for Tophat plasty in cases where the abdomen was not easy accessible for laparoscopy, where stoma lateralization was not feasible, or in case of Crohn`s disease. We used the UltraPro™ mesh (Ethicon) for both the sublay and tube components, which were connected using 3-0 Ticron™ (Medtronic) sutures. The tube was pulled over the stoma with the aid of a moistened Alexis® O Wound Protector/Retractor (Applied Medical). The mesh was secured using transfixation sutures.



Results:

A total of 23 patients underwent Tophat plasty. Of these, 7 had a colostomy, 4 an ileostomy, and 12 an ileal conduit. Eight patients were female. The median age was 70 years (range: 37–84), and the median body mass index (BMI) was 29 kg/m² (range: 20–37). The median length of stay was 6 days (4-28), and median follow-up time was 34 months (2-56). Postoperative complications occurred in 10 patients (43%). None of the patients developed enterocutaneous or stomal fistulas during follow-up, and none required mesh explantation. During follow-up 3 recurrences were observed.

Conclusions:

The key advantage of the tophat technique is the avoidance of intraperitoneal access, with mesh exposure limited solely to the stomal bowel. This means that the Tophat method is a good alternative in parastomal repair in situations where the Sandwich method is not feasible. In this study the Tophat plasty was associated with low morbidity and low recurrence rates.