

Even mucous fistulas have a tendency in developing parastomal hernias

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Aim

Parastomal hernias are a challenge for all hernia surgeons. The treatment or prophylaxis of loop-enterostomies is extremely challenging and recurrent parastomal hernias make the treatment not easier. We found out that even mucous fistulas have a tendency in developing parastomal hernias.

Material & Methods

A woman with stenosis due to lichen ruber in the anal region was in need for a colostomy because of obstructive symptoms. She received a loop sigmoid colostomy laparoscopically. By implanting a 15x15 cm intraperitoneal onlay mesh (IPOM) in a keyhole configuration we tried to minimize the risk of a parastomal hernia.

Results

Unfortunately, we diagnosed a parastomal hernia 20 months later and converted the loop sigmoid colostomy to an end sigmoid colostomy. The aboral part of the sigmoid colon was taken out on the right side of the abdomen as a mucous fistula. The end sigmoid colostomy was treated by implanting a 15x15 cm mesh ad modum Sugerbaker. The mucous fistula did not receive any mesh.

10 months later her mucous fistula developed a parastomal hernia. We treated her parastomal hernia on the right-side ad modum Sugerbaker with an IPOM mesh.

Conclusions

There are no good solutions for parastomal hernia prophylaxis in loop colostomies. End colostomy stomas are to be favorized. Even at mucous fistula sites the risk of developing a parastomal hernia exists. If no intention for a stoma-reversal operation exists, we recommend that end colostomies as well as mucous fistulas should be treated with a prophylactic mesh or a Sugerbaker method from the beginning.

