Open Retromuscular Repair of Parastomal Hernias
Beffa LR, Carbonell AM, Cobb WS, Ewing JA, Knoedler BP, Warren JA
2USC School of Medicine, Greenville, Minimal Access and Bariatric Surgery. 4Furman University

Background

- Purpose: To evaluate the outcomes of retromuscular parastomal hernia repair with permanent synthetic mesh.
- A parastomal Hernia (PH) is defined as an incisional hernia related to an abdominal wall stoma.
  - A common and dreaded complication of enterostomy procedures.
  - Reported incidence as high as 50%.
  - Recurrence after mesh repair remains as high as 32% in long-term follow-up.
  - Meaningful interpretation of the hernia literature is difficult.
    - Innumerable combinations of surgical approach, operative technique, mesh selection, mesh fixation method, mesh position and perioperative management.

Methods

- A prospectively maintained hernia database was reviewed to identify patients undergoing parastomal hernia repair.
- Primary outcomes: Surgical Site Occurrence (SSO), Surgical Site Infection (SSI), and hernia recurrence.
- Discrete variables analyzed using Pearson’s chi-square test or Fisher’s exact test. Values of p< 0.05 were considered significant.

Findings

- Open retromuscular parastomal hernia repair with permanent synthetic mesh is safe, with recurrence and complication rates comparable to other reported outcomes.
- Further evidence of the safety of permanent synthetic mesh in contaminated cases, particularly in the retromuscular space.
- No difference in SSO or SSI with respect to stoma type or with the addition of a TAR.
- The disposition of the ostomy had a significant impact on SSO and SSI.
- No difference in recurrence relative to the disposition of the ostomy.
- Need for further follow-up studies.

References: