



Scottish Stoma Care Nurse Guidelines for the management Parastomal Hernia.

Statement:

Patients who are referred to the stoma care specialist will be assessed and an individualised management / treatment plan will be formulated.

Structure:

The patient and nurse agree on the appropriate management of the parastomal hernia, aiming to minimise the risk of the complications and further weakening of the rectus abdominus.

Process:

1. Ensure a private, confidential and safe environment where the patient can be assessed, examined, treated and information provided.
2. Using clinical expertise and assessment sheet undertake a clinical history to ascertain possible complicating factors and predisposing factors for parastomal hernia development (appendix 1a)
3. Complete a quality of life assessment to identify potential and actual problems.
4. If parastomal hernia is causing complications and is having a measurable impact on quality of life refer back to appropriate surgeon or general practitioner for further investigation.
5. Examine the patient both lying and standing.
6. Sizing of the hernia relates to the largest of the two measurements: small –less than 5cm; medium 5-10cm; large greater than 10cms (Muysoms et al 2009). Document size of parastomal hernia.
7. Assess size of stoma as this often changes in presence of a parastomal hernia. Advise patient on shape and size change /product change requirements.
8. Assess peri-stomal skin integrity; if skin appears thin and fragile due it being stretched take measures to provide skin protection.
9. Assess for stoma function issues and advise as appropriate.
10. Utilising assessment tool and clinical expertise determine the correct type of garment for the individual patient. Discuss choices with patient. Document reasons/justifications for choices.
11. Inform patients on how and when to wear support garments.
12. Discuss potential complications for parastomal hernia e.g. obstruction. Ensure patient knows where to seek help if required.
13. All patients requiring a firm support garment should be measured by a trained fitter.
14. Inform general practitioner of the referral for fitting/ fitting of a firm support garment.
15. Reiterate advice on appropriate regular exercise particularly core muscle exercise.

16. Reiterate activities that increase the risks of the hernia increasing in size.
17. Arrange a review appointment within three months after patient as received support garment to ensure they are wearing it properly.
18. Review in one year to assess compliance and reiterate information.
19. Assess and advise patients who irrigate the process may not be possible as parastomal hernia may restrict the flow of water to the stoma.
20. Discuss the implications of surgical repair of parastomal hernia.
21. Involve family and carers where appropriate and with patients permission.
22. Evaluate patients understanding.
23. Document all outcomes in appropriate patient record.
24. Feedback information to appropriate health care professionals

Outcome:

The patient is provided with information and management strategies to help minimise the impact of parastomal hernia on their physical and psychological well being.