



ASCN Stoma Care National Clinical Guidelines 2016



The ASCN Clinical Guidelines review the current evidence and best practice in parastomal prevention and management. They highlight all patients with a stoma are at a lifelong risk of developing a parastomal hernia due to the surgical defect created within the abdominal wall. Parastomal hernia development is the highest stomal complication.

The guidelines recommend the stoma nurse should review the patient's parastomal risk factors and at each clinical assessment the patient and nurse should:

- agree on an appropriate prevention of parastomal hernia plan to minimise the risks and consequent complications
- agree on the appropriate management of the parastomal hernia, aiming to minimise the risk of complications and further weakening of rectus abdominus



Returning to all activities previously undertaken is extremely important. Remember, you can be as active as you wish to be.

Exercise can include, but is not limited to:

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| • Walking | • Aqua aerobics | • Tennis |
| • Pilates | • Golf | • Hill climbing |
| • Yoga | • Gardening | • Gym activities |
| • Tai Chi | • Fishing | • Skiing |
| • Swimming | • Football | • Scuba diving |



What This Could Mean for Clinical Practice

The ASCN Clinical Guidelines advocate:

- Preparing the patient's body before surgery is as important as following surgery to reduce the risk of developing parastomal hernia
- Physiotherapists generally recommend patients commence gentle abdominal exercise 3-4 days after surgery unless otherwise advised by their surgeon or Stoma Care Nurse
- These guidelines therefore advise all patients with a stoma be informed of core muscle exercises initiated post operatively as they will contribute to maintaining their strength and reducing weakness of the rectus abdominis
- These core muscle exercises are deemed as a minimal exercise regime and further advice to slowly build up and continue exercising benefits the patient
- It is important for the patient to persevere and carry out these exercises daily. It is a long-term commitment to help prevent them from developing a parastomal hernia
- The patient should slowly build their activity level as they feel fit, aiming to return to the active life they enjoyed before surgery

Parastomal Hernia Prevention:

Patients with a stoma should be assessed by a Stoma Care Nurse (SCN), and an individualised prevention of parastomal hernia plan formulated with the patient to minimise the risks and consequent complications. The following process is recommended:

- Establish a private, confidential and safe environment where the patient can be examined, assessed and provided with information
- Obtain a clinical history to ascertain predisposing factors of parastomal hernia such as type of stoma, obesity (high BMI), lifting, muscle weakness due to age or multiple abdominal surgeries, straining, coughing and lifestyle
- Complete the Stoma quality of life (QOL) questionnaire to establish baseline QOL measurement
- Describe to the patient what a parastomal hernia is and how it develops. Explain the consequences of parastomal hernia, including the appearance, discomfort, complications, and possible surgical intervention, supported with appropriate evidence-based research
- Discuss activities that increase the risks of parastomal hernia formation e.g. heavy lifting, strenuous exercise, gardening, vacuuming. Advise that driving should be avoided for 4 (laparoscopic) to 6 (open) weeks after surgery
- Provide relevant advice to patients for hernia prevention post-surgery, supported with written information. Include information regarding the benefits of exercise and the use of support underwear
- Reinforce information on parastomal hernia prevention at regular intervals. e.g. at 1,3,6 months and annually
- Involve family and carers, where appropriate, and in agreement with the patient
- Communicate pertinent information to GP, surgeon, D/N or other relevant health care professionals
- Evaluate the patient's understanding of the information given

Parastomal Hernia Management:

Patients with a parastomal hernia should be assessed by a Stoma Care Nurse (SCN), and an individualised treatment/management plan formulated with the patient to minimise the risk of complications and further weakening of rectus abdominus. The following process is recommended:

- Establish a private, confidential and safe environment where the patient can be examined, assessed and provided with information
- Using clinical expertise, undertake a clinical history to ascertain predisposing factors for parastomal hernia development, e.g. Lifting, smoking, obesity, type of stoma
- Complete a QOL hernia assessment to ascertain any change in QOL
- Examine the patient both lying and standing to determine the size and severity of the parastomal hernia, the size of the stoma, and peristomal skin integrity. Document the findings. Note that the presence of hernia may change the size of the stoma and/or the skin integrity requiring skin protection and an adjustment or change of appliance
- Considering patient mobility, lifestyle, dexterity, and personal preference, provide advice regarding high street and prescription support underwear and garments. Assess and measure for required support garments and schedule 3 month and annual reviews to ensure their appropriate use.
- Discuss potential complications of parastomal hernia, e.g. obstruction and evaluate understanding
- Offer advice re: the importance of regular exercise and core muscle exercises (see exercises below)
- Discuss the implications of parastomal hernia surgical repair and that it does not guarantee that the hernia will not reoccur
- Evaluate the patient's understanding of the information given