EARLY REHERNIATION REQUIRING LAPAROSCOPIC REPAIR OF PARASTOMAL HERNIA AFTER RETRORECTUS KEYHOLE REPAIR

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INTRODUCTION

- Parastomal herniation is the most common complication following stoma creation.
- The incidence of reherniation after parastomal hernia repair varies based on surgical technique, but incidence ranges between 10%-70%.
- Typically, the time to reherniation is months to years. Earlier recurrence can occur in patients who perform strenuous activity, have increased abdominal pressure, or inferior surgical technique.

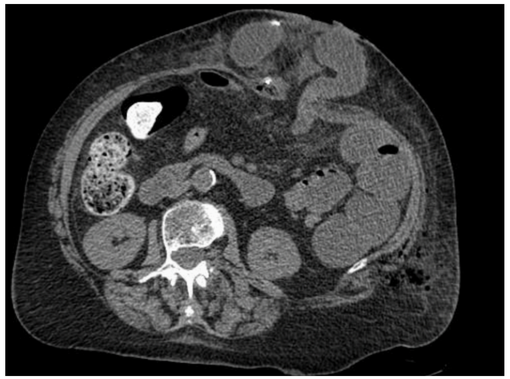
OBJECTIVE

We report a patient who developed early reherniation after retrorectus keyhole reconstruction, requiring laparoscopic repair

CASE PRESENTATION

- We present an 81 year old female with a history of anal squamous cell carcinoma post robotic abdominoperineal resection of anus. Now, one year later, the patient underwent colostomy revision with 10 cm descending colon resection and retrorectus parastomal hernia repair with permanent retrorectus polypropylene keyhole mesh.
- On postoperative day (POD) 2 the patient had dark, feculent-appearing output upon nasogastric tube (NGT) placement. CT showed a small bowel obstruction in the hernia, and on POD 3 underwent a diagnostic laparoscopy for reduction of incarcerated parastomal hernia, repaired with sutures and another keyhole mesh, placed intraperitoneally. On POD 4, she experienced increased abdominal pain, oxygen requirements and vasopressor requirements and was taken back to the OR for a subsequent exploratory laparotomy.
- Upon entry into the abdomen, small bowel was densely adhered to the abdominal wall mesh. There was no evidence of gross peritoneal contamination, though a small enterotomy in the distal small bowel was identified, suspected to be from focal ischemia in the segment previously reduced in the prior operation. Approximately 45 cm of small bowel was resected, with stapled anastomosis with abdominal wash out and right paracolic gutter abscess evacuation.

IMAGING



RESULTS

- The patient continued to require respiratory, vasopressor and eventual hemodialysis support due to septic shock and multiorgan failure.
- On POD 7, the goals of care were shifted to comfort measures only and the patient expired.

CONCLUSION

- Parastomal herniation of small bowel leading to obstruction is not typical within the first 48 hours of surgery as this is most often a chronic complication due to gradual widening of the stoma over time. Most patients experience this complication within 13 months of operation.
- Routine management of elective hernia repairs typically include early enteral feeding, however, patients with certain comorbidities and risk of increased abdominal pressure may need special consideration to reduce postoperative hernia recurrence.
- Our patient with obesity, COPD, postoperative ileus and advanced age may have benefited from prolonged delay of oral feeding and early placement of an NGT in order to avoid reherniation of bowel.