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Parastomal hernia repairs: a retrospective nationwide cohort study

Kin Yik Chan, Nicola Raftery, Eltahir Eltigani, Tarig Abdelhafiz, Abubakr Rayis, Sean Johnston

Department of Surgery, Midlands Regional Hospital Tullamore, Tullamore, Ireland

Background: In the context of improving colorectal cancer outcomes, post-survivorship quality of life has become an important outcome measure. Parastomal hernias and their associated morbidity remain largely under-reported and under-appreciated. Despite their burden, conservative management is common. This study aims to provide a national overview on the current trends in parastomal hernia repairs (PHRs).

Methods: All PHRs performed in the country between Jan 2017 to Jul 2022 were identified retrospectively from the National Quality Assurance and Improvement System (NQAIS) database. Anonymised patient characteristics and quality indices were extracted for statistical analysis.

Results: A total of 565 PHRs, 64.1% elective and the remainder emergent, were identified across 27 hospitals. The 8 national colorectal units performed 67.3% of all repairs. While 42.3% of PHRs were standalone procedures, reversal of Hartmann's procedure was the commonest simultaneous procedure in the remainder. The median age, ASA and Charlson Co-Morbidity Index were 64 years (range, 24–97 years), 3 (range, 1–5) and 3 (range, 0–48) respectively. Mean length of stay (LOS) was 16.2 days (SD =29.8). 29.0% of patients had at least 1 emergency readmission in 12 months, with a corresponding 12% 30-day readmission rate. Linear regression analysis associated ASA (95% CI: 0.58–16.1, $P<0.035$) and emergency

admissions (95% CI: 5.9–25.5, $P<0.002$) with a significantly longer LOS, with the latter also associated with more frequent emergency re-admissions (95% CI: 0.18–0.82, $P<0.002$).

Conclusions: Patients undergoing emergency PHR are subjected to longer stays and more frequent readmissions. A dedicated parastomal hernia registry will facilitate timely elective intervention, negating the undue morbidity and costs associated with emergency presentations.

Keywords: Colorectal surgery, incarceration, hernia, parastomal hernia, stoma

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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