

## TOPIC: INCISIONAL HERNIA - Parastomal

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### PARASTOMAL HERNIA REPAIR WITH TRANSVERSUS ABDOMINIS RELEASE (TAR) AND NOVEL STAPLED TRANSABDOMINAL OSTOMY REINFORCEMENT WITH MESH (STORM)

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Parastomal hernia repair has been a challenging problem facing many surgeons with a lack of optimal solutions. Current repair techniques rely on established retrorectus dissection and at our institution, transversus abdominis muscle release. Subsequent to the dissection, passage of the bowel is done through the various layers of the abdomen and the mesh itself. To achieve this, multiple apertures are made in each layer of the abdominal wall along with the reinforcing mesh in hopes that they will align properly to minimize any kinking and scissoring forces applied to the passing bowel.

While surgical technique is paramount, there is little to no guarantee that the final positioning will not cause obstruction from kinking. Additionally, the aperture made into the mesh is essentially a cross cut (X) made into the mesh. The 'leaflets' of the mesh serve as buttressing to the passing bowel but again are not optimal to prevent recurrence. We have previously addressed these major issues with creation of smaller and smaller apertures which in turn cause some degree of obstruction of the stoma in the immediate post-operative period as a trade-off for expected lower recurrence.

As this was still far from optimal we have devised, our novel STORM technique, utilizing a circular EEA stapler that is fired through the abdominal wall and mesh creating a unified aperture with stapled reinforcement for the passage of the conduit. Here we present our novel STORM technique applied to a 76 year old male with history of bladder and prostate cancer status post radical cystoprostatectomy and ileal conduit creation who subsequently developed a symptomatic parastomal hernia.