



Morgan Stout:

Well, thank you both so much. And I think that leads into a great start to our question and answer, and discussion session. And we've already had a lot of really great questions come in. And for our listeners, if you have a question, please put them in the Q&A box, we'll get to as many as we can. And I think as you saw in the chat, Dr. Poulouse and even Darrell, the biggest question is, what can people do to prevent getting those parastomal hernias? Is there particular exercises they can do or something in that vein, planks, crunches, something to prevent that parastomal hernia from happening?

Dr. Poulouse:

That's a great question. We're literally just scratching the surface at beginning, to answer this. And I'll go back and basically state again, that we are about 20 to 30 years behind in our research, compared to the necessary research that occurred in not only the management of cancers, like bladder cancer, colon cancer, pancreatic cancer, all the types of cancers that we naturally want to have a lot of information for. But what we're learning is that, yes, maintaining core health, even before the big operation that creates the stoma, is critical. I mean, I'm convinced... Darrell, you saw the website and you can see where my bias lies with this, but the kind of the analogy I give is, if you're going to run even a 5K, let alone a 10K or a marathon, you're going to train a little for that. You're going to run, jog a little bit, maybe get on the treadmill. I don't think anyone would get up and say, "You know what? I'm just going to go run a 10K tomorrow." Not having done anything. And the reason why, is we know in our heads that physiologically, we're just not there yet. And so what we're learning for surgery, is that it takes a toll physically and mentally, I mean, many of you know that because you've gone through major surgery. And so preparing for that both mentally and physically, specifically for the abdominal core, we're learning does have some benefit. Now, how it changes the formation of hernias after you have an ostomy, we don't know just yet. What we do know is that the things that are under your control in terms of being a healthy person in terms of trying reduce some weight, even before these ostomies are created, reducing your nicotine intake, getting diabetes under control, all those things can also help. And I do think core exercises even prior to these operations, probably has some benefit, but we're just learning its impact on hernia information.

Morgan Stout:

Sure, absolutely. Along those same lines, is there a certain type of exercise that folks with a stoma should avoid? Is there something that you've noticed that patients who have a parastomal hernia, if they're exercising, there's some sort of commonality in that?

Dr. Poulouse:

Yeah. So what we do know, is that exercises or even activities that increase the abdominal pressure to a very high degree over a short amount of time, tend to be the things you want to try and avoid. The best example I can give you for that, is forceful coughing, forceful sneezing, those are two activities that really increase your intra-abdominal pressure very quickly. I mean, we're human beings, so we're going to cough and sneeze, but there are ways to train yourself to not use your core muscles so much as your upper airway muscles. As far as activities and exercises are concerned, the ones that tend to also increase your intra-abdominal pressure over a very small amount of time, heavy weights done with squats, bench pressing heavy weights, some of the HIIT, the high impact interval therapy type of things. It's the ones that are really kind of having a really big load on your core muscles over a short amount of time, that I would suggest probably avoiding.

Morgan Stout:

Sure. And if somebody was looking for some guidance, maybe they weren't experienced with exercising prior to their surgery, is there a place that you could recommend that they go see maybe a physical therapist or a professional that might be able to help guide them?

Dr. Poulouse:

Yes, absolutely. In fact, the one thing that I really admire about physical therapists, is they think very, very holistically about the body. Surgeons, and I am certainly guilty of this, especially being at a center like Ohio State, we think very, very narrowing, small little compartments that are our own little areas of practice, but yeah, I think physical therapists are really... it's advantageous to have a physical therapist work with you. The other thing is, just like physicians and surgeons, physical therapists also have different specialties. I'm going to send you a link in the chat, where we actually worked with about 16 physical therapists over the past several years across the country, and actually came up with an abdominal core surgery rehabilitation protocol. It's right there. You can have any one of your physical therapists close by to you, follow that protocol. It's really kind of centered around surgical recovery, but a lot of the exercises can be used even now as well.

Morgan Stout:

Absolutely. Thank you so much. We had a question about, if you saw any variation between parastomal hernias for patients with an ileal conduit versus an Indiana pouch.

Dr. Poulouse:

Yeah. That's really interesting. In my own practice, and I've taken care of patients with both, they seem to be far less with Indiana pouches. And the main reason why is, the actual hole you make for the Indiana pouch, is far smaller than actually bringing up a loop of valve through the anterior abdominal wall. So Indiana pouches actually in my own experience, have had less parastomal hernias associated with it, not zero. But I think with the traditional urostomy, they're a little higher.

Morgan Stout:

Sure. We did have a really great question about if there was a parastomal hernia that had mesh applied to it, and if the repair was done, would it be a problem if the mesh was there when they went in and did a second repair?

Dr. Poulose:

Yeah. If you go back to my earlier slide when I said it gets complicated, this is why it gets really complicated. It does. If you're going through the same approach, like say you're going from the outside again, where mesh has already been placed, there will be a lot of scar tissue that the mesh is going to kind of fuse to whatever's coming through the hernia itself, and your surgeon just has to be prepared to deal with that to some degree. And this is also one reason why you have to be careful, not only about when to use mesh and certainly just when to do the repair in general, but where you place the mesh, do you place it inside the abdominal cavity where all the bowels are, or do you place it outside of the abdominal cavity or within the core muscles itself? The short answer is yes, it does make it more complicated, which is also one of the reasons why you want to try to [inaudible 00:34:57] down the road as far as you can, to minimize those complicated surgeries.

Morgan Stout:

Sure. Thank you so much. We had a shout out from Dorothy, for Darrell. Dorothy and Darrell share a clean and clear anniversary, but this question is about product. So you've got the parastomal hernia, or maybe you just have a stoma in general, where do you go to find reputable supplies, reputable hernia belts, those sort of things? I would love it if both of you weighed in. We know Darrell has an affinity for a Stealth Belt.

Dr. Poulose:

Great. Sure. I can start answering that. So as far as supplies, I actually think there is nothing to replace an experienced ostomy nurse. I'm going to say that... I'm going to sound like a broken record, it's so helpful and they're so useful. And they have an entire organization under themselves, because of how complex this topic is. And so even if you don't have one locally available to you, there is it's a WOCN association. I forgot the exact name of it, but they actually have a website where patients can go in and ask questions, I believe. And so you can have access to some of this information, and I would strongly urge you to get in touch with an ostomy nurse, just for the supplies.

Morgan Stout:

On that note, there is also a find a WOCN portion of their website, I very frequently recommend it to patients, where you can put in your zip code, and it will tell you who has a registered WOCN in your area. So if you're looking for that, that's a great place. Darrell, how did you go about finding the Stealth Belt?

Darrell:

A lot of that was watching YouTube videos on the care and keeping of my ileal conduit. There was one gentleman that had a series that actually recommended using a Stealth Belt, and found positives. I had also tried a product from another manufacturer that didn't provide the level of support, it was just one of the belts that wrapped around that had elastic to it. And all of the major manufacturers, have hernia belt attachments to their product. All of the three major Hollister, Convatec, Coloplast, all have products that attach. And I think most of them have convex barriers, because I use a two piece, but those products help get a better fit for those of us with hernias, those of us that... they're also have convex

besides the flat ones. I'm still able to use just the plain flat barrier, because it's very flexible. And I use Hollister products.

But again, always reach out to your manufacturer of the product you're using, many of them have WOCNs on staff or have ability to contact some of their product or one of the nurses, to help when a patient reaches out. So there are many avenues to find that support. Also, we're coming up on early October, where the UOAA also celebrates National Ostomy Day, so there will be some publication of resources around that time as well out. We're also going to be featuring a coffee and conversation with one of the manufacturers in September.

Morgan Stout:

Absolutely. And I know that this is a really great topic that is being covered at the WOCN Conference next week, so it's on everybody's minds. We did have a very interesting question that came in about supporting the abdominal wall. You mentioned coughing, or forceful coughing and sneezing. One of our participants said, does holding the abdomen specifically over the stoma, much like heart patients would hold that pillow over their chest after a surgery. Does that help stabilize the abdominal wall?

Dr. Poulouse:

Yeah, I think it does. So certainly, it can help prevent things from pushing through, especially if you can feel a forceful cough come on. What I usually recommend to my patients is... again, how many times do we cough during a year? Probably hundreds, if not thousands of times. It's hard to remember to do that, so short answer is yes, I do think it does help. And what I recommend to them is, if they have the flu or just consistent coughing for whatever reason, just put your hand just around your stomach, just to provide some temporary, additional counterpressure to the pressure developed by the cough. Whether that helps, I think it does help a fair amount. I've had a lot of patients who noticed their first instance of a parastomal hernia during coughing and sneezing, where it's something just kind of they felt it pushed through.

Morgan Stout:

That's great. That's super helpful. We did have a question that came in about inguinal hernias, and if they are as common after a radical cystectomy like a parastomal hernia, and if this isn't your area of expertise, that's totally understandable. But is that something that is similar or can be dealt with in a similar fashion?

Dr. Poulouse:

Yeah, I do take care of a lot of patients with inguinal hernias and incisional hernias, in addition to parastomal hernias. And so what we've noticed is that with urologic surgery in general, more so in the prostatectomy patient population, but definitely in the cystectomy population as well, we do see probably a little bit of an uptick in inguinal hernias, whether that's due to just everyone's a little bit more hyper focused on it than others, it's still up to debate, but we do see it. Our general recommendations are pretty much the same across the board with inguinal hernias, where if you are not having a whole lot of symptoms from it and it's not bothering you, it may be good to well enough to leave it alone. And when it progressed to causing you pain or even some functional problems, then that would be the threshold to say, "Let's go ahead and repair it."

Morgan Stout:

Sure, thank you. Here's another really great question is, what can patients do to reduce the chance of a second hernia after the repair of a first hernia?

Dr. Poulouse:

Great question. I think the first thing is going back at some of those risk factors I put there in terms of getting control of diabetes, stopping nicotine use, getting to a healthy weight can also help just like the initial prevention of the hernia to form in the first place. I do think after you've had a repair, you do really want to be careful of those high pressure activities, if you want to call them that. The coughing fits, the sneezing fits, the exercises I mentioned that increase abdominal pressure over a short amount of time. Again, I don't want the message to be here that you shouldn't exercise, I'm just talking about very specific exercises that increase pressure over a really short amount of time. The best example is you go to the gym and you see those folks on the really heavyweight areas, doing 250 pound squats over like three seconds, that's the worst thing you can do for this, but other exercises are fine.

Morgan Stout:

Sure, absolutely. I'm sure all of our audience will keep that in mind next time they're in one of those types of situations.

Dr. Poulouse:

Right.

Morgan Stout:

We did have another question that was dropped in. Is it harder to repair a hernia as you get older?

Dr. Poulouse:

No, I don't think so. And so if you are a healthy person... and I think this is more and more true, especially over the last 20 years, honestly, age is less of a factor. And so we see a lot of patients who are above 70, 80 years old, who develop hernias and the repair is pretty much just the same as doing it in a 40 year old patient. Now what can happen is, as some other things, other medical conditions you may have progress, that can sometimes impact the safety of doing the repair. But no, I think age is less and less of a factor now.

Morgan Stout:

That's great to hear. So how does one go about finding a surgeon who's experienced enough to handle a parastomal repair? Not everybody can come to the Ohio State University to see you. So how do they go about finding a good surgeon?

Dr. Poulouse:

So I think the first is talking to your primary care doctor, because your primary care doctor will often have resources to access hernia surgeons who then, you could find out if they specifically take care of patients with parastomal hernias, because not all hernia surgeons take care of patients with parastomal hernia specifically. The other person who would be a great reference is your urologist, because your urologist, who creates a lot of urostomies, will definitely have a go-to person to help manage parastomal hernias. The other resource is actually going to the American Hernia Society website. As you mentioned

with the WOCN group, the American Hernia website also, you can have the ability to find a hernia specialist near you.

Morgan Stout:

Great. That is very helpful. We did have another question that was back to physical therapy. If a physical therapist is recommending an emphasis on your pelvic floor exercises versus the rest of your core exercises, does that seem to track with what you know about preventing and keeping those parastomal hernias in check?

Dr. Poulouse:

Yeah. In fact, our pelvic floor colleagues within physical therapy, are probably the most in tune to this whole idea of the core concept. And so, I think most of them when they're making their recommendations, they're not just thinking of the pelvic floor, they're actually thinking of the entire core musculature. So yeah, I think they're a very experienced group, I've learned a ton from them. And what you see in that protocol I just put up on the chat, is largely developed specifically from pelvic floor physical therapists. So I also think that if you want them to focus on different areas, just ask them, because I do think that we're learning more that actually, modulating the pelvic floor, strengthening the pelvic floor, can have a positive impact on other areas as well.

Morgan Stout:

Great. How long do patients typically stay in the hospital after a hernia repair surgery?

Dr. Poulouse:

For something like this for parastomal hernia, those first two options I had on the slides, either making a cut alongside your ostomy or doing it laparoscopically or robotically, usually it's an overnight stay. The bigger operations, the more complex abdominal wall reconstructions, is anywhere from three to five days.

Morgan Stout:

And how long does it take for that parastomal hernia repair to finish healing, once you've been sent home?

Dr. Poulouse:

About two months. It takes about two months for all the healing to occur. And then during that recovery time, you start gradually increasing your activity level as the healing occurs.

Darrell:

Would doing activity too soon, increase the odds of a second hernia?

Dr. Poulouse:

I think it depends what kind of activity it is. If you're going to go to the gym and do all those really intense exercises a week after the surgery, definitely don't do that. If you're going to get up and walk, go up and downstairs, do your day to day stuff and then start some low impact work, even abdominal core plank work, that kind of stuff, that's okay. So that's a really important point, Darrell, I'm glad you brought it up. And the first thing I will say, it is never your fault as a patient. I just want to emphasize

that because I have a lot of patients who they think they did something wrong or, no. We don't have the technology, we're not smart enough yet how to figure out how to prevent this from happening in the first place. And I don't ever want to dissuade anyone from increasing your activity level after a surgery, you just got to be careful about the type of activity you're doing basically.

Morgan Stout:

That's very helpful to know. And with that, that answers our last two questions. We'll give folks just one more minute, I think we have time for one more question. But otherwise, this has been a phenomenal program and Dorothy would like to say, thank you so much for reassuring her that her parastomal hernia is not the largest one out there.

Dr. Poulose:

Yeah, absolutely.

Morgan Stout:

All right. With that, I'm going say thank you one more time to our sponsor, Bristol Myers Squibb, the EMD Serono, Pfizer partnership, UroGen and Merck, for their support of this program. Again, please take a minute to fill out that survey and thank you so much, Dr. Poulose and Darrell, for your participation in this. It's been so insightful and it will be incredibly helpful for patients to come. Thank you.

Dr. Poulose:

Thanks again. Thanks for having us.

Darrell:

Thank you.

