

How to undertake the study

Our study focused on prevention strategies for parastomal hernia and recommended patients undertake a prevention programme based on the premise of strong abdominal muscles reducing the risk of development. This involved advice about prevention of parastomal hernia, teaching abdominal exercises to be carried out for 1 year and advising the wearing of support garments for heavy work or heavy lifting in the first year after surgery. It was a combination of these treatment modalities that reduced our incidence of parastomal hernia formation.

Steps to take to organise the study:

1. A retrospective study of patients operated on in your hospital over a year period who need to have had their surgery at least a year ago or else you need to monitor them for 1 year. You are looking for the incidence of parastomal hernia development here. We did not use CT or US imaging to diagnose this, we assessed abdominally and if we had any doubt we sought clarification from a surgeon.
2. Pick a start date and carry out for 1 year a prospective study using the prevention programme
3. On discharge advise patients of the importance to avoid heavy lifting stressing the consequences being the development of a parastomal hernia and advise of an optimal BMI between 20-25
4. Teach (or the physiotherapist) abdominal exercises outlined in the paper, from as early as discharge or when the wound is completely healed. Advise patients of the importance of NOT undertaking a full sit-up as this raises the intra-abdominal pressure too much and may cause a hernia, the exercises need to be gentle.
5. Teach the importance of maintaining good posture
6. If patients will be undertaking heavy work or lifting after 3 months post operatively measure and fit for a support garment (any type) and instruct them to wear the garment whilst undertaking heavy work.
7. Follow-up the patients in the prospective arm of the study for 1 year post operatively recording any incidence of parastomal hernia
8. Compare the results from both arms of the study.

It is important to remember that surgical technique plays an important factor and will differ from centre to centre, but what **should not differ** is the % of reduction following the introduction of the programme from your retrospective arm and your prospective arm and this should re-enforce the use of the programme in prevention of parastomal hernia.

Good luck with your study. If we can be of help, don't hesitate to contact us. We would be very interested in your progress and results as it would be a fabulous publication.

We¹ look forward to hearing from you.