**O21 EVALUATION OF THE TREATMENT OF PARASTOMAL HERNIA IN THE NETHERLANDS: A NATIONAL SURVEY**

Sarah van Egmond¹, Marijn Poelman¹, Johannes Wegdam², Bob Bloemendaal³

¹Franciscus Gasthuis & Vlietland, Surgery, Rotterdam, Netherlands; ²Elkerleek Ziekenhuis, Surgery, Helmond, Netherlands; ³Reinier de Graaf Gasthuis, Surgery, Delft, Netherlands

**Aim:** The incidence of a parastomal hernia (PSH) is approximately 40% two years after stoma construction and can even increase to 50% after a longer period. The European Hernia Society (EHS) published a guideline showing that the evidence for treatment of a PSH is of low quality. Due to the lack of evidence, a survey was conducted to provide insight into the Dutch approach.

**Material and Methods:** A survey was sent to 104 surgeons in the Netherlands representing their surgical department. The survey was developed by three hernia surgeons and a physiotherapist specialized in abdominal wall pathology.

**Results:** The survey was completed by 103 surgeons (99%) from 75 hospitals. 75% of the respondents perform a laparoscopic Sugabaker for the treatment of PSH after colostomy, ileostomy or Bricker deviation. Most respondents (75%) replied that they never use a prophylactic mesh to prevent for the occurrence of PSH, although more than half of them do wish to introduce this.

**Conclusions:** Authors believe that the implementation of minimally invasive surgery and the systematic review performed by Hansson et al. in 2012, shifted the treatment strategy for PSH towards the use of a laparoscopic Sugabaker. Nevertheless, little is known about the results of this treatment. Although there is a high level of evidence for the use of prophylactic mesh placement in reducing the incidence of PSH development, this has not been implemented in daily practice for colorectal and/or hernia surgeons. Authors aim for registration of PSH repair to evaluate the outcomes in terms of recurrence, pain and quality of life.