

## O23 SURGICAL REPAIR OF PARASTOMAL BULGING - A REGISTER-BASED STUDY

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**Aim:** To examine the incidence of primary and recurrent repair and types of repair performed in patients with parastomal bulging.

**Material and Methods:** We linked prospectively collected data on parastomal bulging from the Danish Stoma Database to surgical data on repair of parastomal bulging from the Danish National Patient Register. Survival statistics provided cumulative incidences and time until primary and recurrent repair

**Results:** Of 1016 patients, registered from 2010-2017 with a permanent stoma and a parastomal bulge, 180 (18%) underwent surgical repair. The cumulative incidence of a primary repair was 9% (95% CI [8%; 11%]) within 1 year and 19% (95% CI [17%; 22%]) within 5 years after the occurrence of a parastomal bulge. For colostomies and ileostomies, we found similar probability of undergoing primary repair.

For recurrent repair, the 5-year cumulative incidence was 5% (95% CI [3%; 7%]). The probability of undergoing further recurrent repair was 33% (95% CI [21%; 46%]) within 5 years. For primary repair, open or laparoscopic repair with mesh (43%) and stoma revision (39%) were performed almost equally frequent. Stoma revision and repair with mesh could precede and follow one another as primary and recurrent repair. Stoma reversal was performed in 17% of patients.

**Conclusions:** Our data offered a new and comprehensive view of the course of surgical treatment of parastomal bulging. Five years after the occurrence of a parastomal bulge the estimated probability of undergoing a repair was 19%. The probability of undergoing recurrent repair was high and stoma reversal more common than expected.