

The patient was followed up for two years after the procedure, and since no recurrence of the primary disease was found, he was indicated to laparoscopic repair of parastomal hernia.

The procedure was started with introduction of a capnoperitoneum in the medioclavicular line in the left hypochondrium. Under visual control, two other ports were placed in the anterior axillary line at the level of the umbilicus and in the hypogastrium. First, omental and bowel loop adhesions were broken down in addition to the original minilaparotomy. Next, adherent loops were removed from the parastomal hernia and the conduit was released. Parietex® hernia mesh was placed in the abdominal wall around the conduit and secured with Securastrap® staples.

**Results:** There were no complications during the procedure, it lasted 90 minutes, and blood loss was negligible. The postoperative condition required no ICU stay; since postoperative day 1, mobilization and switching to solid food was initiated. On postoperative day 3, the catheter was removed from the ostomy site and, after bowel passage had been restored, the patient was discharged to home care on postoperative day 5.

**Conclusion:** Laparoscopic approach appears to be a suitable alternative for the management of parastomal hernia with Bricker conduit.

#### KEY WORDS

Ureteroileostomy, parastomal hernia, laparoscopic correction.

#### LITERATURA

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#### Soutěž ČUS



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