

Minimally invasive hiatal hernia repair in the elderly, 7 year institutional review at an independent academic community hospital

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Introduction

Hiatal hernia is a common disorder, characterized by a protrusion of any abdominal structure other than the esophagus into the thoracic cavity through a widening of the hiatus of the diaphragm. Laparoscopic hiatal hernia repair is one of the possible treatments in certain cases. The overall morbidity and mortality rates associated with laparoscopic repairs are low. However, mortality and morbidity rates have been reported as higher in patients who are ≥ 70 years of age, which has led to under treatment of this population

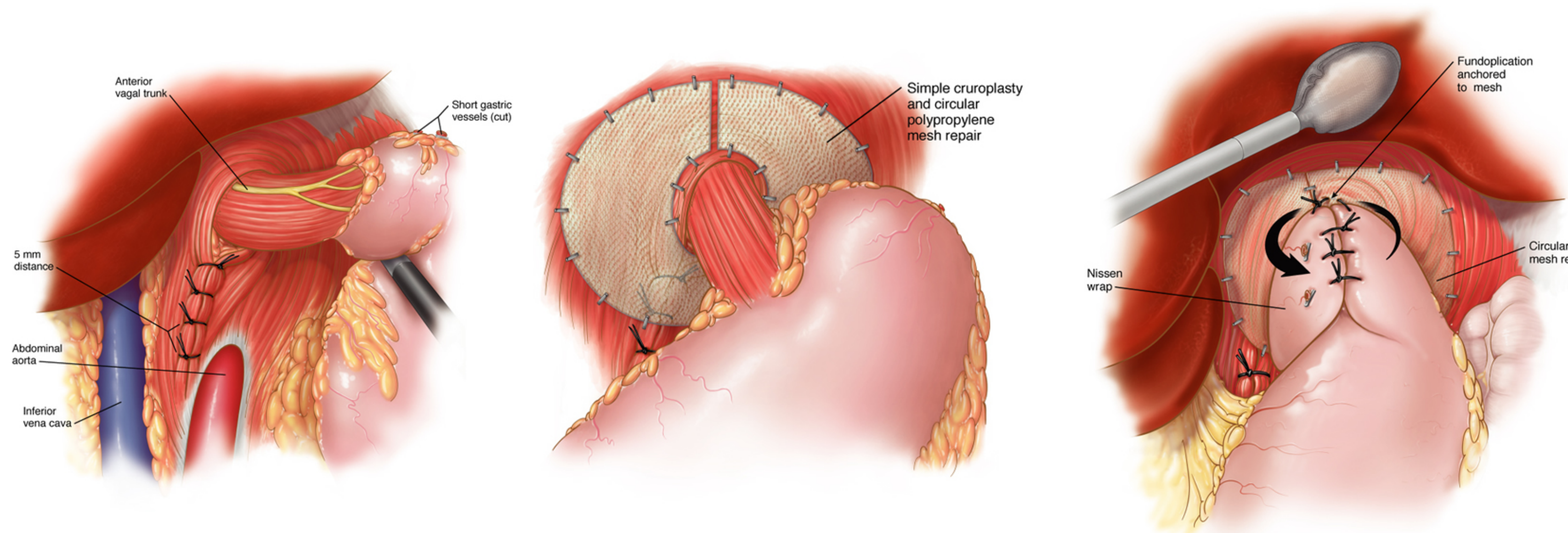
Methods

Retrospective chart review of patients who underwent laparoscopic hiatal hernia repair at an independent academic community hospital between 2012-2018. Data analyzed includes demographics (age, sex, race, height, weight) comorbidities, surgical details (length of surgery, intraoperative complications) hospital data (length of stay, complications)

Results

A total of 146 patients were divided in 2 groups, under (58 patients) and over 65 (86 patients). Group 1 (under 65) was overall healthier with lower rates of comorbidities and lower average ASA score ($p < 0.05$). Group 2 (65 and older) had an average longer length of stay ($p < 0.05$), a different distribution of hernia type with a tendency to larger defects ($p < 0.05$), higher rates of mesh use and gastropexy ($p < 0.05$)

There was no statistical difference in overall length of surgery, surgical approach, conversion rate, estimated blood loss, rate of intraoperative or early complications, readmissions, reoperation and mortality.



Conclusion

Laparoscopic hiatal hernia repair is a safe approach in all age groups. Elder patients tend to have larger hernias and more comorbidities but this is not associated with worse outcomes. Age should not be a limiting factor to offering patients this surgical treatment.

