

Impact of Morbid Obesity on Hiatal Hernia Recurrence Rates: A Prospective Database Analysis

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INTRODUCTION

- The aim of this study is to identify the impact of morbid obesity on long term hiatal hernia recurrence (HHR) rates in patients who have previously undergone hiatal hernia repairs.

METHODS

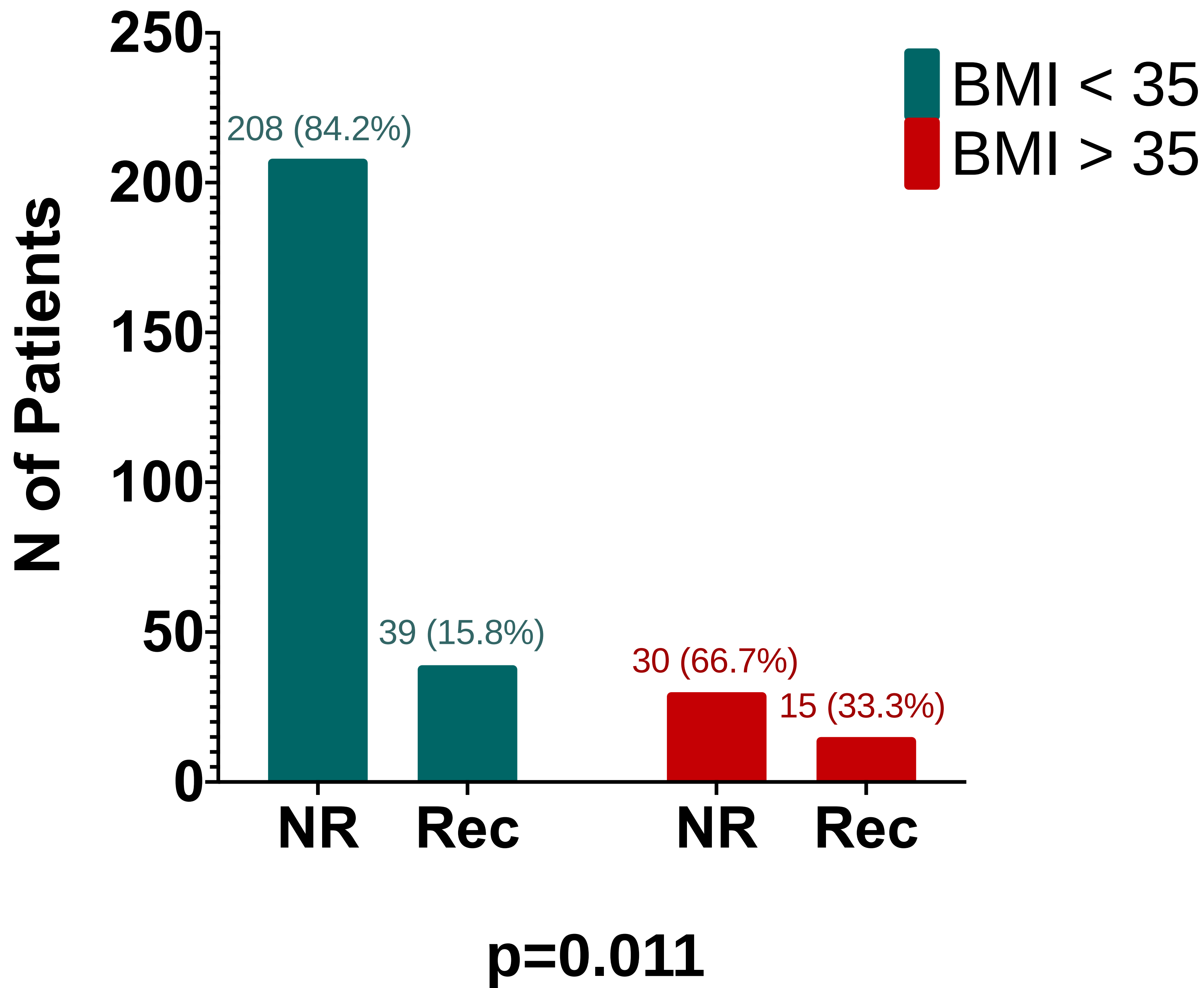
- A single-institution, prospectively collected database was reviewed (January 2002-October 2015) of patient who underwent HH repair.
- Comparative groups: BMI < 35 kg/m² (NO) vs. BMI ≥ 35 kg/m² (OB).
- Patient demographics, preoperative hernia size, presence of recurrence, time to recurrence, recurrence size, and long-term symptom scores were collected.

RESULTS

- Total= 303 Patients (NO= 256, OB=47) with a mean age was 56.5 ± 14.1 years.
- Mean follow-up was 19.9 ± 23.8 months.
- Both cohorts had similar race distribution, smoking rates, prevalence of diabetes mellitus, and mesh usage.
- HHR rate was more prominent in the OB (33.3%) when compared to the NO group (15.8%, p=0.011).
- Time to recurrence was 43.1 months. No difference in recurrence size (p=0.525) or long-term symptom scores was seen.

RESULTS

Impact of Obesity on Recurrence



CONCLUSIONS

- Recurrences after HH repair are not uncommon.
- BMI greater than 35 kg/m² is associated with 17.5% increased HHR rate.
- Recurrences tend to be asymptomatic and detected on long term surveillance imaging.
- Morbid obesity did not correlate with time until recurrence or size.
- Reoperation is rare and mesh was not found to be protective from long term recurrence.

DISCLOSURES

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