CONTROL OF REFLUX SYMPTOMS IN POST-OPERATIVE BARIATRIC PATIENTS FOLLOWING HIATAL HERNIA REPAIR

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Purpose

- Obesity and hiatal hernia (HH) are associated with both the presence and severity of GERD.
- There is a paucity of literature regarding the control of reflux symptoms after HH repair in patients with prior bariatric surgery.
- We compare symptomatic control of reflux in patients who undergo HH repair after bariatric surgery.

Methods

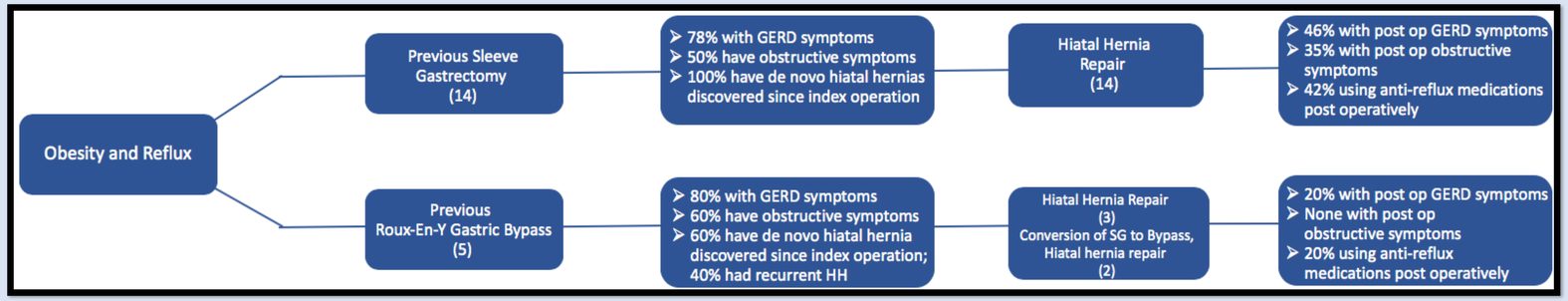
- Retrospective chart review
  - Single institution, single surgeon conducting HH repair.
  - Between 2016 - 2020 there were 25 patients with prior bariatric surgery with GERD and hiatal hernias repaired.
  - There were 14 sleeve and 5 bypass patients included in the study. Two of the patients had recurrent hernias which were repaired and were converted from sleeve to bypass. For the sake of this study they are both included in the LRYGB cohort.

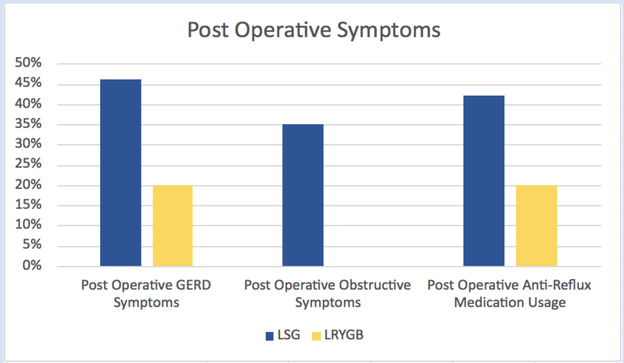
•Statistical analysis focused on differences in peri-operative demographics and symptomatic outcomes.

	Female	Male	Age(SD)	BMI (SD)
LSG	13	1	52 (14.8)	32 (5.4)
LRGBY	5	0	58 (8.7)	35.6 (7.9)

Results

- Mean BMI and age was slightly higher in LRGBY patients compared to LSG patients; this was not statistically significant.
- Two patients had recurrent hernia with conversion to LRGBY after prior LSG.
- 80% of LRGBY patients and 53% of SGB had resolution of GERD symptoms (p = 0.257, NS).





Conclusion

- Hiatal hernia repair in patients with previous sleeve gastrectomy or gastric bypass surgery has the potential to improve reflux symptoms.
- Our data suggests a trend of better symptomatic control of GERD following hiatal hernia repair in LRGBY compared to LSG, however this was not statistically significant.
- This study is limited by small sample size as well as varying time period between index bariatric procedure and hiatal hernia repair.

Future Directions

- Uniform symptom scale measurement of post operative experience in patients who undergo hiatal hernia repair after bariatric surgery would allow for more thorough and complete research into the symptomatic control of these patients.