Luminis Health

It's Time for a New Hiatal Hernia Classification. Should Degree of Gastric Herniation be a Factor?

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Background & Introduction

- Current classification has no correlation with the clinical decision-making nor clinical outcome
- Prior classification methods have failed to significantly correlate with postoperative outcomes

Purpose & Objectives

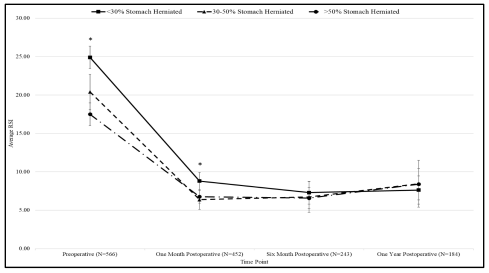
- Does the percentage of intrathoracic stomach found intraoperatively have an association with post operative outcomes?
- To examine the significance of hernia size and volume with intraoperative variables

Methods

- A 5-year retrospective review of patients undergoing laparoscopic hiatal hernia repair
- Intrathoracic volume stratified into 3 groups:
  <30%, 30%-50%, >50 %
- Validated surveys for QOL outcomes RSI, GERD-HQRL, SWAL-QOL administered preoperatively and at 1-, 6- and 12-month follow-up

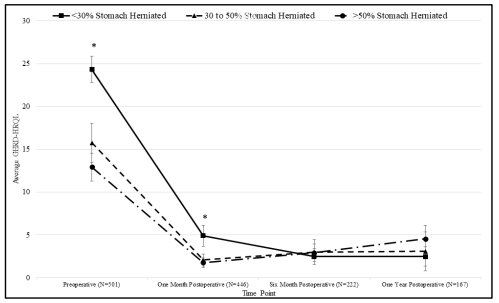
Results

- 558 patients enrolled in the study
- 42% patients classified > 50% intrathoracic gastric volume
- Statistically significant difference in demographics and co-morbidities ($p<0.05$) across three groups
- Higher intrathoracic gastric volume associated with Collis gastroplasty ($P<0.001$), longer OR time ($p<0.001$) >50% intrathoracic gastric volume associated with higher reoperation rate
- All groups experienced significant improvement in QOL outcomes post operatively.



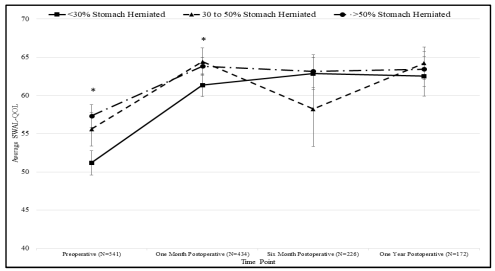
Average RSI Over 1 year Period

Significant differences were observed between the <30% Stomach Herniated and other groups preoperatively and at one month postoperatively. P<0.05



Average GERD-HQRL over 1 year Period

Significant differences were observed between the <30% Stomach Herniated and other groups preoperatively and at one month postoperatively. P<0.05



Average SWAL-QOL over 1 year Period

Significant differences were observed between the <30% Stomach Herniated and other groups preoperatively and at one month postoperatively. P<0.05

Conclusion

Large hiatal hernias (>50% intrathoracic stomach) are significantly associated with age, co-morbidities, longer operative times, length of stay and reoperation.

Early postoperative QoL was associated with patients who had smaller hiatal hernias. In conclusion, intraoperative hiatal hernia size may be a relevant measure to correlate with postoperative outcomes.

References

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