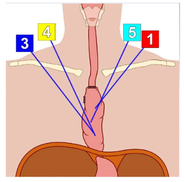
Laparoscopic Repair of Recurrent Paraesophageal Hernia After Prior Esophagectomy

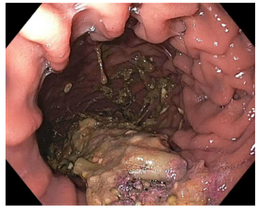
Miller JM, Pfeiffer JD, Grover BT

Background & Introduction

- **HPI:** 55-year-old female with prior history of minimally invasive McKeown esophagectomy with pyloroplasty for squamous cell carcinoma (SSC) in 2017. Her cancer surveillance was uneventful; however, she subsequently developed a large type IV paraesopageal hernia which was repaired with bio-absorbable mesh in 2019. Approximately two years later she represented with progressively worsening symptoms of early satiety and abdominal pain radiating to her left chest and neck. She had been previously tolerating a regular diet without nausea or vomiting.
- **PMH:** Mitral valve prolapse, paroxysmal atrial tachycardia, anxiety, SCC.
- **PSH:** McKeown esophagectomy w/ pyloroplasty (2017), paraesophageal hernia repair w/ biological absorbable mesh (2019).
- **Social:** Former smoker and drinker.
- **Preop Workup**
  - **Labs:** Unremarkable.
  - **EGD:** Significant amount of retained food in her gastric conduit with inability to reach the pylorus.



Gastric Pull-up (mid)

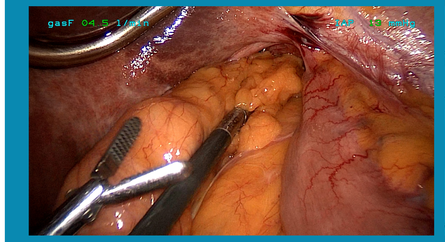


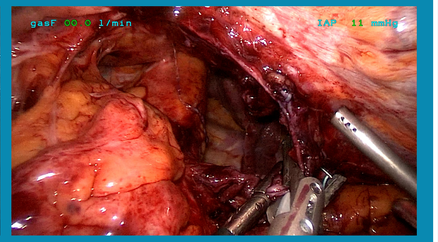


- **CT Scan:**
  - Dilated gastric conduit in the right chest.
  - Significantly compressed atelectatic left lung with a large portion of colon and small bowel encompassing almost the entirety of her left chest.

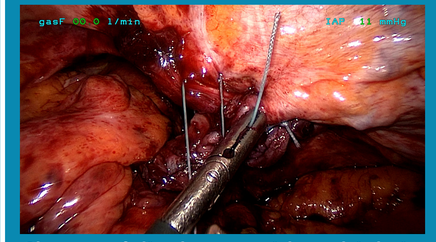


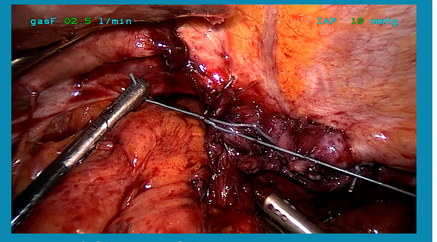
Intraoperative Imaging



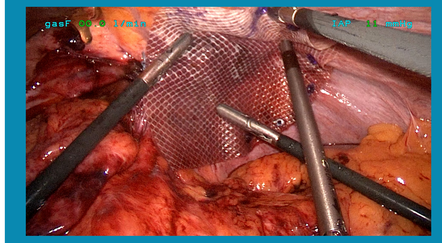


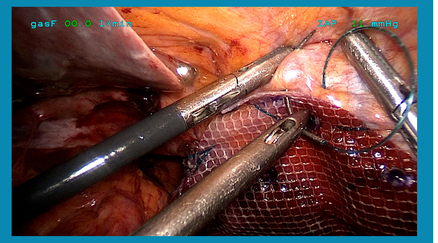
Reduction of intrathoracic contents with large approximately 6cm defect



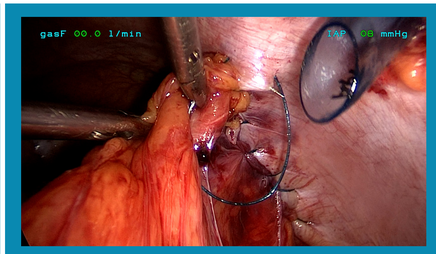


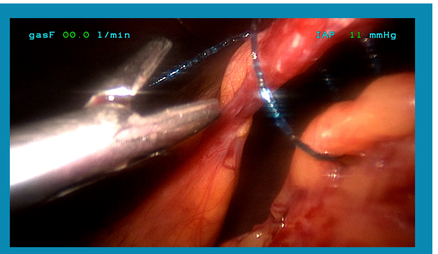
Closure of diaphragm with multiple interrupted figure of 8 sutures





Onlay placement of a lightweight macroporous knitted PTFE mesh with protective coating (8x7cm trimmed mesh secured with absorbable tacks and running 2-0 barbed suture)

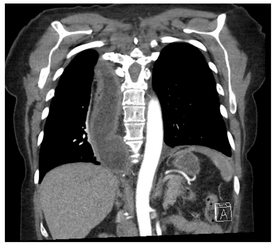


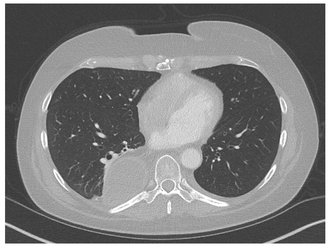


Omentopexy to anterior abdominal wall towards falciform ligament (2-0 barbed suture) providing an apron to keep bowel out of the supramesocolic location

Postoperative Course & Follow-up

- Her remaining postoperative course was uneventful. She experienced no dysphagia, reflux, or abdominal pain.
- She was discharged home on POD#2 on a full liquid diet.
- A subsequent CT scan completed for her cancer surveillance revealed a fully expanded left lung, a decompressed gastric conduit, and abdominal contents that remained below the diaphragm.





Link to Video of Surgery