EXTENT OF HIATAL HERNIA REPAIR MOBILIZATION WITH CONCOMITANT SLEEVE GASTRECTOMY DOES NOT AFFECT POSTOPERATIVE REFLUX SYMPTOMS

Katherine Fay, M.D.[1], Nicole L Petcka, M.D.[1], Carrie Hall, M.D.[1], Danny Mou, M.D.[1], Jamil Stetler, M.D.[1,2], Jahnavi K. Srinivasan, M.D.[1,2], Ankit Patel, M.D.[1,2], Edward Lin, D.O.[1,2], S. Scott Davis Jr, M.D.[1,2]

[1]Emory University School of Medicine, Atlanta, GA, USA
[2]Emory Department of Surgery, Division of General and GI Surgery, Atlanta, GA, USA

EMORY UNIVERSITY SCHOOL OF MEDICINE
Department of Surgery

INTRODUCTION

- Hiatal hernia repair (HHR) performed concurrently with vertical sleeve gastrectomy (VSG) has been shown to improve postoperative gastroesophageal reflux disease (GERD)
- Previous literature has demonstrated that posterior cruroplasty is superior to anterior cruroplasty alone for postoperative reflux symptoms[1,2]; however, data on the optimal extent of esophageal mobilization is lacking
- We hypothesized that patients undergoing full esophageal mobilization would demonstrate less significant postoperative reflux symptoms

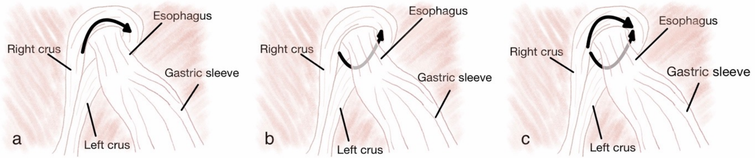


Figure 1. Esophageal Mobilization. a. Anterior partial mobilization, b. Posterior partial mobilization, c. Anterior and posterior full mobilization

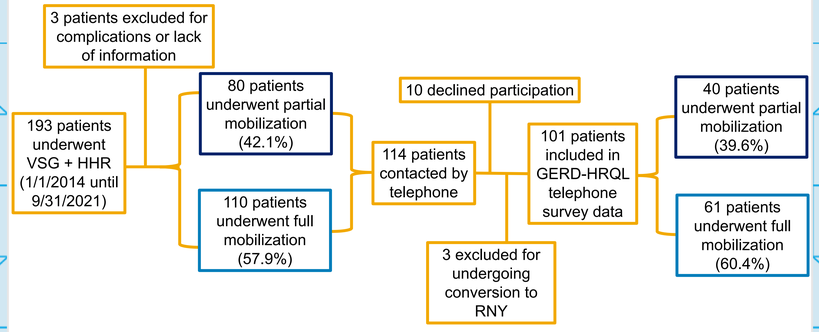
METHODS

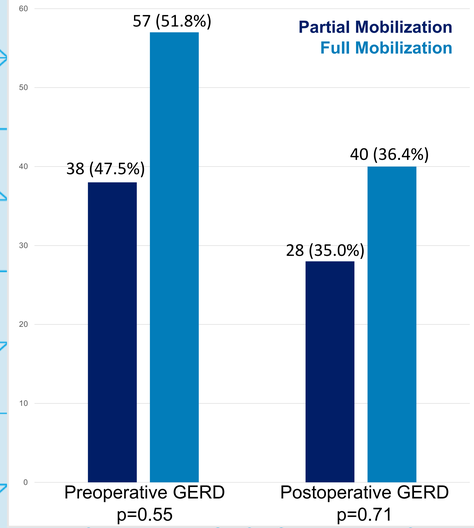
A single institution retrospective chart review of all patients who underwent VSG with HHR including:

- Basic demographic information
- Partial vs full mobilization and type of cruroplasty
- Conversion to roux-en-Y gastric bypass (RYNGB)
- Preoperative reflux symptom burden

GERD Health Related Quality of Life questionaries (GERD-HRQL) administered via telephone

RESULTS

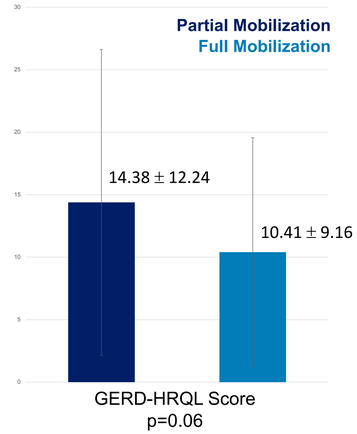




- Pre-operative reflux was similar between the partial mobilization and full mobilization group (47.5% vs. 51.8%; p=0.55)
- Similar rates of postoperative GERD between those who underwent a partial mobilization and full mobilization (35.0% vs. 36.4%; p=0.71)
- Low conversion rate to RNYGB for reflux which did not differ between the partial and full mobilization groups (2.4% vs. 3.2%; p=0.80)

RESULTS

- The GERD-HRQL telephone survey had a high response rate with 91.2% of patients participating
- GERD-HRQL scores were higher in the partial mobilization group, but this was not statistically significant (14.38 ± 12.24 vs. 10.41 ± 9.16; p=0.06)
- Despite relatively high rates of report postoperative reflux, most patients would choose to pursue VSG again (75.0% vs. 72.1%; p=0.74)
- Main reason for dissatisfaction with VSG was weight loss recidivism



CONCLUSION

Severity of postoperative reflux symptoms are not dependent on the extent of esophageal mobilization during HHR with VSG

Despite high rates of postoperative reflux, most patients would choose VSG for weight loss

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2. Hider AM, Bonham AJ, Carlin AM, et al. Impact of concurrent hiatal hernia repair during laparoscopic sleeve gastrectomy on patient-reported gastroesophageal reflux symptoms: a state-wide analysis [published online ahead of print, 2022 Dec 11]. *Surg Obes Relat Dis*. 2022;S1550-7289(22)00812-7. doi:10.1016/j.soard.2022.12.021

Contact Information:
Nicole L Petcka, MD
npetcka@emory.edu
@npetcka2022