Observation of the Hiatus for Early Detection of Undiagnosed Hiatal and Paraesophageal Hernia During Routine rMPCHOLE

Gage Blackledge DO[1],Greg Melder SA-C[1], Kamel Brakta MD[1], James Burke MD[1], Gazi Zibari MD[1], Mark Smith MD[1]

Department of General Surgery, Willis-Knighton Health[1]

INTRODUCTION

- Prior research has suggested an association with the presence of hiatal hernia with gastroesophageal reflux disease (GERD). It is also known that long standing GERD can progress to Barrett's esophagus and esophageal malignancy.

OBJECTIVE

- To demonstrate a perfect opportunity for surgeons in the early diagnosis of hiatal hernias by documenting the feasibility of simple observation of the hiatus during robotic multiport cholecystectomy.

METHODS

This project is an observational study to collect and stratify data on the number of undiagnosed patients we can identify paraesophageal hernias while undergoing robotic multiport cholecystectomy (rMPCHOLE).

Data was collected on patients undergoing rMPCHOLE by observation of the hiatus to determine the presence or absence of a hiatal defect.

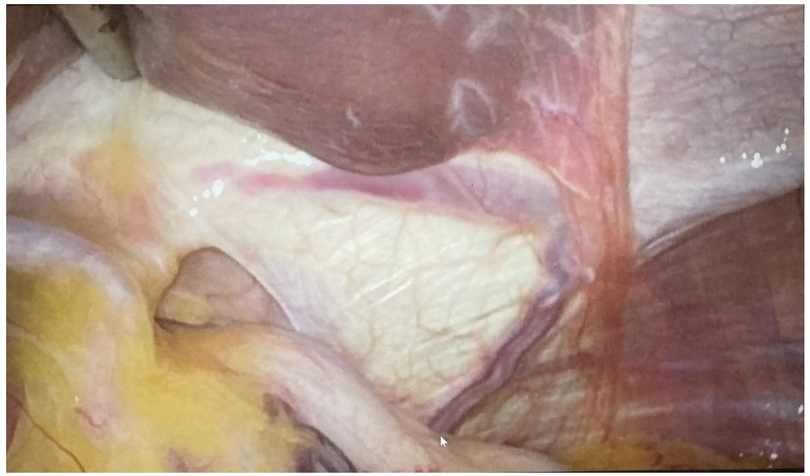
Surgical Procedure

- The left lobe of the liver will be lifted only to observe the hiatus. No dissection of adhesions was undertaken. Additionally, patients with fragile, steatotic appearance, hepatomegaly, or the appearance of portal hypertension were excluded. Data was entered into a database.

RESULTS

Table 1. Demographics and Results

Total Cases Observed	**158**
Average Age	**54.4**
Average BMI	**32.39**
# of Type 1 Hernias	**41**
# of Type III Hernias	**19**
Total Hernias Dx	**60**
% Hernias Identified	**37%**



In this study, we have observed 158 patients with 60 positive findings of hiatal hernia and observation of the hiatus during rMPCHOLE. 20 patients were excluded due to safety protocol. This is a 37% positive finding of hiatal hernia during the above observation.

CONCLUSION

We suggest that observation of the hiatus during rMPCHOLE is a safe and feasible method for early diagnosis of hiatal hernia. Future plans include patient follow up, additional imaging, and subsequent GI referral, with the ultimate possibility of future surgical management.

REFERENCES

1. **References:**

Ténaiová J, Tůma L, Hrubant K, Brůha R, Svestka T, Novotný A, Petrtýl J, Jirásek V, Urbánek P, Lukás K. Výskyt hiátové hernie v bezné endoskopické praxi [Incidence of hiatal hernias in the current endoscopic praxis]. Cas Lek Cesk. 2007;146(1):74-6. Czech. PMID: 17310589.

Tom DeMeester, Progression of GERD on PPIs: Cause, consequence, and proposed management, American Foregut Society

Arvind E, Murugan R, Karthick MP, Karthick P, Vikraman G.Incidence of hiatus hernia among semi-urban population with upper gastrointestinal symptoms: a single cantered study.Int Surg J2022;9:2010-3.

This presentation is the intellectual property of the author/presenter. Contact bblackled@wkhs.com for permission to reprint and/or distribute.