

Introduction

Paraesophageal hernias and obesity are commonly seen together with rates reported between 20-53%

Literature shows RYGB and PEH is safe and feasible via laparoscopy

Aim: Evaluate a single institutions experience with concomitant robotic RYGB and PEH

Methods

- Retrospective chart review 2019-2024
- Single institution, multisite query of MBSAQIP database
- Experience of single expert surgeon

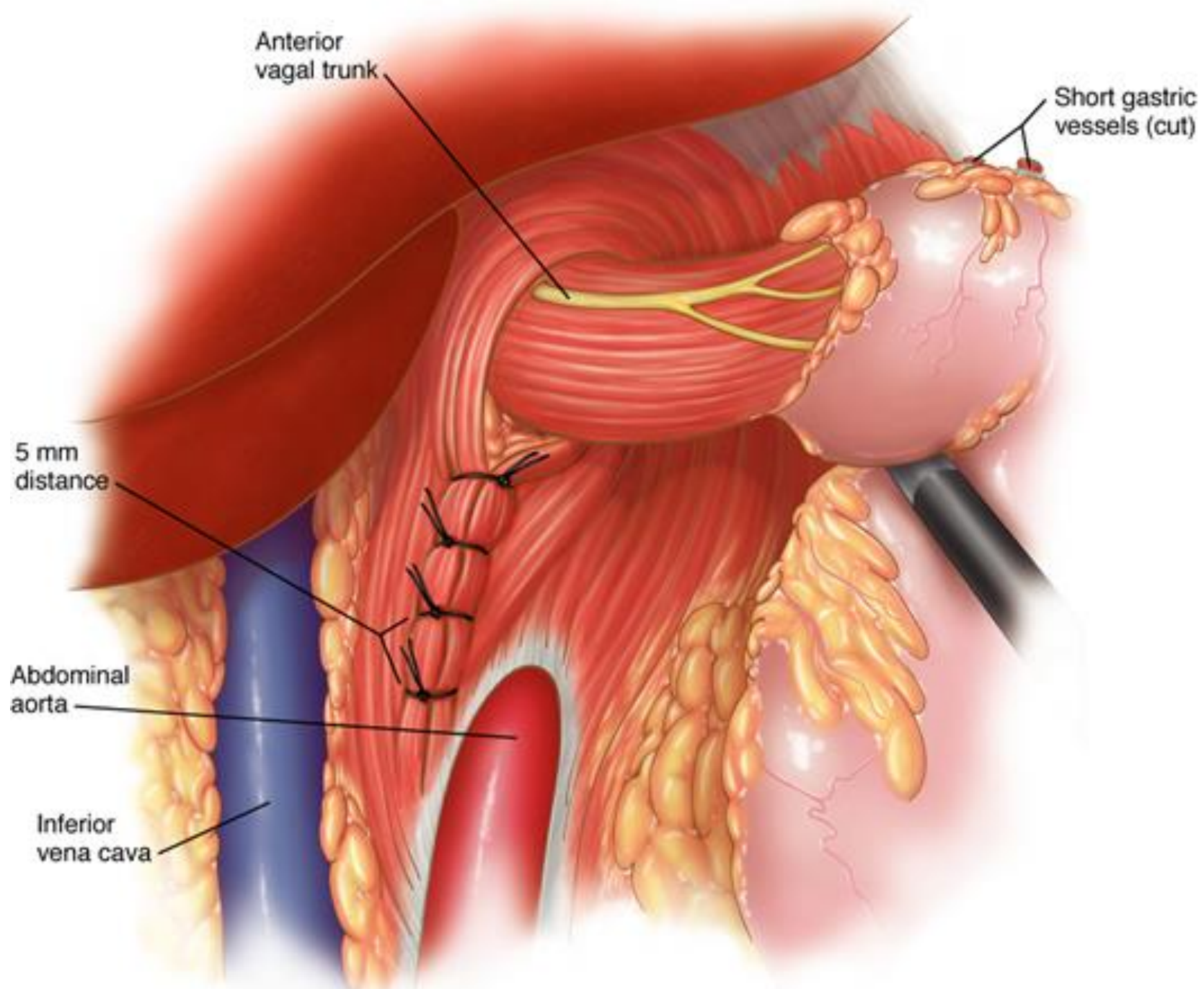


Figure 3. Cruroplasty of a PEH repair

Results

Figure 1. Demographics	
Mean Age	50.7 years
Gender	
Female	34 (89.5%)
Male	4 (10.5%)
BMI	42.6 kg/m2
ASA Classification	
2	7 (18.4%)
3	31 (81.6%)
Medical Comorbidities	
GERD	27 (71.1%)
OSA	22 (57.9%)
HTN	20 (52.6%)
HLD	9 (23.7%)
T2DM	5 (13.2%)
Mean operative time	131.7 minutes
Mean length of stay	2.6 days

n= 38 patients

Figure 2. 30-day Outcomes	
Mortality	0
Readmission	4 (10.5%)
Reoperation rate	2 (5.3%)
Unplanned ICU admission	2 (5.3%)
DVT/PE	1 (2.6%)
UTI	0

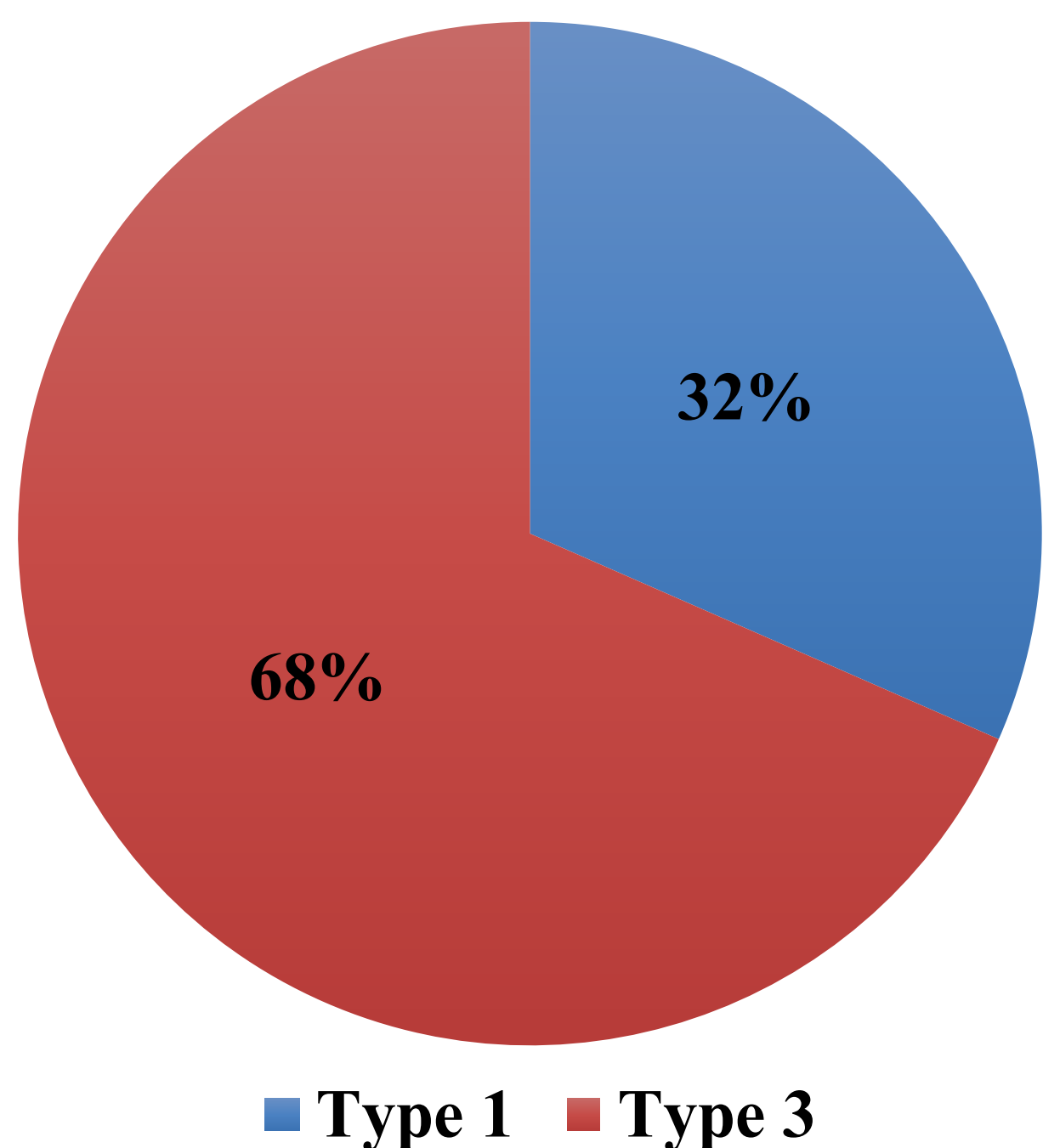


Figure 4. Type of Hiatal Hernia

Discussion

- Our dataset demonstrates similar outcomes compared to laparoscopic RYGB and PEH
- Literature review shows
 - Overall complication rates range from 6-26% in laparoscopy^{1, 2}
 - Mortality rates 0- 2.5%^{1,2}
 - Reoperative rates 1-6%^{1,2}
- Our institutional data shows that those undergoing concomitant PEH and RYGB have lower rates of recurrence than PEH alone (8.6% v 17.6%)³
- Two re-operations were noted earlier in experience and related to JJ creation technique using Omega loop which has been improved since

Conclusion

Our study shows safety of concomitant RYGB and PEH with low morbidity and mortality using the robotic platform in high BMI and high comorbidity cohort