# Impact of **Hiatal Hernia Repair** During Sleeve Gastrectomy on the Risk of **Conversion to RYGB**: A **Propensity Score Matching Analysis**

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## Background

This study aimed to evaluate the impact of Hiatal hernia repair (HHR) performed during SG on the rate of conversion to RYGB.

## Methods

We conducted a case–control. Cases were 443 patients who underwent concomitant SG + HHR, that were matched with controls in a ratio 1:1 with patients undergoing SG alone.
The primary outcome was the rate of conversion to RYGB.
Secondary outcomes included overall postoperative complications (OPC) and unplanned healthcare utilization (UHCU).

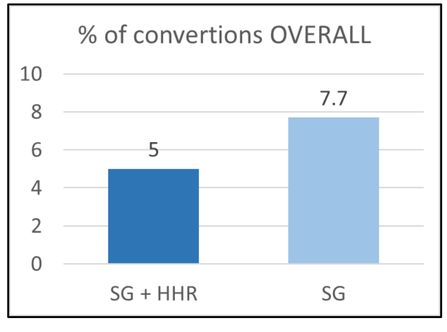
Mean age
44.7 years
Female 94 %


**PSM By:**

- Age
- Sex
- BMI
- GERD

## Results

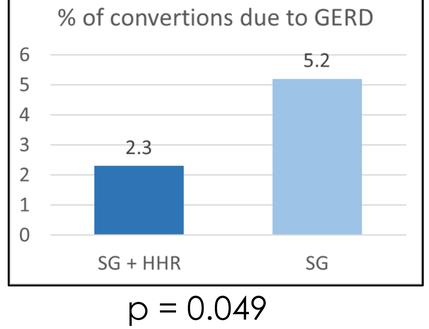
Patients who underwent SG+HHR had a lower rate of conversion to RYGB compared with SG alone (5% vs 7.7%, p=0.098; NNT=38; OR=0.629, 95% CI 0.361–1.093).



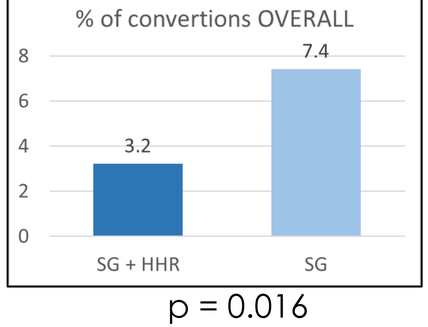

**The mean time** from primary SG to conversion was similar (3.59 ± 1.28 vs 3.54 ± 1.89 years, p=0.918).

Among all conversion cases, 73.2% (n=41) were attributed to GERD. When analyzing **conversions specifically due to GERD,** no significant difference was observed between the SG+HHR and SG-alone groups (4.0% vs. 5.1%, p = 0.424).

### In Patients without preoperative GERD




p = 0.049




p = 0.016

No differences were found between groups in terms of OPC or UHCU.

## Conclusion

Concomitant HHR during SG **was not associated with a significant reduction overall or GERD-related conversions to RYGB.**

However, among patients without preoperative GERD, SG+HHR significantly reduced conversion rates, suggesting a potential protective effect against de novo GERD. Postoperative complication rates were similar between groups.

Further prospective studies are warranted to clarify the long-term impact of HHR on GERD outcomes after SG

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