Outcomes and Safety of Revisional Hiatal Hernia Repair in a Community Health System

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Objective

- Hiatal hernia recurrence following surgical repair remains a significant clinical challenge
- Revisional repair is frequently required but is associated with greater technical complexity and uncertain long-term outcomes
- Objective: To evaluate perioperative safety and clinical outcomes of revisional hiatal hernia repair compared with primary repair within a community healthcare system

Materials/Methods

Retrospective review of patients undergoing hiatal hernia repair at a single community health system
Study period: February 2020 – October 2024
Inclusion criteria:
- Adult patients undergoing hiatal hernia repair

Exclusion criteria:
- Achalasia
- Concomitant magnetic sphincter augmentation
- Age <18 years

Primary outcomes:
- Readmission
- Need for further revisional surgery
- Postoperative reflux symptoms

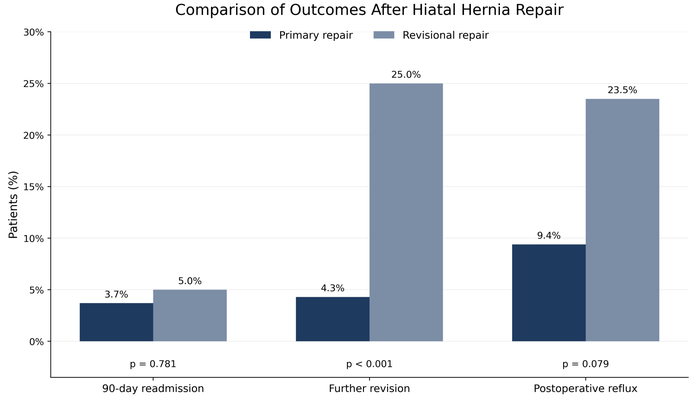
Total patients: 181
- Primary repair: 161 (89%)
- Revisional repair: 20 (11%)

Tables/Figures

Table 1. Post-Operative Outcomes in Primary Repair and Revisional Repair Groups

	Primary Repair (n= 161)	**Revisional Repair** (n=20)	CI	†p-value
30-day Readmit	4 (2.5%)	1 (5.0%)	0.219-19.452	0.517
90-day Readmit	6 (3.7%)	1 (5.0%)	0.155-11.908	0.781
Revision	7 (4.3%)	5 (25.0%)	2.071-25.961	**<0.001**

Values given as mean ± SD or N (%); **Bold** values indicate statistical significance (p<0.05); *CI*, Confidence Interval



Postoperative reflux was calculated among patients with available follow-up (PR: 13/138; RR: 4/17).

Results

- Of 181 patients: 161 (89.0%) underwent primary repair (PR)20 (11.0%) underwent revisional repair (RR)
- 90-day readmission: PR: 6/161 (3.7%)RR: 1/20 (5.0%)p = 0.781, CI 0.155–11.908
- Need for further revision (RYGB or redo hiatal hernia repair): PR: 7/161 (4.3%)RR: 5/20 (25.0%)p < 0.001, CI 2.071–25.961
- Postoperative reflux among patients with follow-up: PR: 13/138 (9.4%)RR: 4/17 (23.5%)p = 0.079, CI 0.841–10.407

Conclusion

Revisional hiatal hernia repair is associated with:
- Significantly higher risk of requiring additional revisional surgery
- Trend toward increased postoperative reflux symptoms
- Similar short-term readmission rates compared with primary repair

These findings suggest progressively decreasing durability with repeated hiatal hernia repair, highlighting the importance of careful patient selection and surgical strategy during primary repair.