

Outcomes of Emergent Hiatal Hernia Repairs at a Level 1 Community Teaching Hospital: A Retrospective Analysis

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Background

Paraesophageal hernia (PEH) repair carries significant morbidity and mortality in the emergent setting. National studies report in-hospital mortalities of 2.2% - 3.6%. This study evaluated outcomes of emergent hiatal hernia repairs at a Level 1 community teaching hospital, comparing results with national data to assess implications for clinical practice.

Table 1: Outcomes of Emergent Hiatal Hernia Repair: Single-Center Cohorts vs. National Data

Outcome	Our Cohort (N=42)	National Benchmark
Mortality	4.8% (2/42)	2.2%-3.6% ¹
30-day Readmission	21.4% (9/42)	9% ¹
Ventilation >48 h	2.4% (1/42)	21% ³
Pleural Effusion	16.7% (7/42)	10-20% ^{2,3}
Median LOS	8 days	8 days ¹
Mesh Use	97.6% (41/42)	15-25% ³

Conclusions

In this single-center cohort, mortality was 4.8%, higher than national averages but not statistically significant (p = 0.24–0.66). Readmissions were more than double, highlighting the need for improved post-discharge pathways. LOS and pulmonary complication rates paralleled national data. Nearly all cases were performed robotically with gastropexy and mesh reinforcement, a practice pattern that diverges from national trends. Multi-center studies are warranted to evaluate whether this strategy translates into durable clinical benefit.

Methods

A retrospective chart review was conducted of patients undergoing an emergent hiatal hernia repair between May 2023 and July 2025. Demographics, perioperative outcomes, and complications were collected. The primary outcome was 30-day mortality. Secondary outcomes included 30-day readmission, length of stay (LOS), pleural effusion, ventilation >48 hours, and mesh reinforcement. Outcomes were compared to national benchmarks using exact binomial testing.

Results

A total of 42 patients were included. All underwent surgery within 24 hours of presentation. All cases were performed robotically using the da Vinci platform, with gastropexy performed in lieu of fundoplication. Mean age was 72.4 years, and mean BMI was 26.2. Mortality was 4.8% with two deaths unrelated to surgery but occurring within 30 days. 30-day readmission was 21.4%. Prolonged Ventilation >48h occurred in 2.4% of cases. Median LOS was 8.0 days. Pleural effusion was observed in 16.7% of patients. Mesh utilization was 97.6%.

Acknowledgements

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