

Laparoscopic Sleeve Gastrectomy With Hiatal Hernia Repair: A Retrospective Case Series and Review Of Literature



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Background:

In current literature laparoscopic sleeve gastrectomy (LSG) for morbid obesity is gaining increasing popularity among both surgeons as well as patients. To date there is little research on combination sleeve gastrectomy with hiatal hernia repair(HHR) even though symptoms of gastroesophageal reflux disease(GERD) and hiatal hernia(HH) is significantly increased with morbid obesity to a prevalence as high as 50%. In fact, obesity is considered an independent risk factor for hiatal hernia and symptoms of chronic esophagitis.

Methods:

From January 2010 to June 2011, eleven patients underwent LSG and HHR. Retrospective chart review was conducted. Clinical evaluation included average weight loss and resolution of GERD symptoms including discontinuation of anti-reflux medications. We performed a comprehensive literature review(Pubmed, Cochrane, Ovid 1990-current) of the current trends in surgical management of morbid obesity with LSG and HHR.

Results:

Retrospective chart review was conducted with a mean follow up of 4 months. Average weight loss was 6.4kg/month. The mean weight was 275.9lbs. with a BMI of 44.75. Ten of eleven patients had pre-operative diagnosis of symptomatic HH with GERD symptoms. One patient without symptoms showed no evidence of HH on UGI and did not have a pre-operative EGD but a HH was identified intra-operatively. Five patients had evidence of chronic gastritis on EGD with confirmed tissue biopsy.

and one positive for H.pylori was treated pre-operatively with confirmed eradication. Crural closure was performed in all cases with HH size ranging from 2cm to 5cm. There were no intra-operative or postoperative complications. Eight of eleven (73%) patients reported cessation of reflux symptoms post-operatively. Four of six patient taking anti-reflux medication (67%) patients discontinued all anti-reflux medication. The two patients, although reported decrease in symptoms still continued to take proton pump inhibitors.

Conclusion:

With the increase risk of reflux before weight loss surgery as well as after LSG, patients with HH identified pre-operative and intra-operatively should be considered for repair. Combination LSG with HHR is safe and provides good outcomes for patients with morbid obesity and GERD.

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