

Hiatal hernia repair is non-inferior to bypass in the treatment of post-sleeve reflux

Ben Indja^{1, 2} MD, Daniel Chan³ MBBS FRACS, Michael Talbot^{2, 3} MB ChB, FRACS

1. Faculty of Medicine and Health, The University of Sydney, Camperdown, NSW

2. Department of Surgery, St George Hospital, Kogarah, NSW

3. Department of Surgery, Faculty of Medicine, The University of New South Wales, Sydney, NSW

Purpose

Gastroesophageal reflux is a known complication following laparoscopic sleeve gastrectomy (LSG) as the anatomical and physiological changes predispose to reduced lower oesophageal sphincter pressure, increased intragastric pressure and development of hiatus hernia. In patients whose symptoms do not respond to medical therapy, the mainstay of surgical management has been conversion to a Roux-en-Y gastric bypass (RYGB), however this procedure is not without its own risks. Hiatus hernia repair (HHR) is a simple procedure that can specifically target a number of the anatomical changes responsible for reflux in this population.

Method

We conducted a single centre retrospective analysis including 84 adult patients with prior LSG presenting with gastroesophageal reflux refractory to medical therapy.

Results

49 patients underwent HHR, 30 patients had a RYGB (4 with prior HHR) and 11 underwent one anastomosis duodenal switch (OADS) (2 with prior HHR). With a median follow-up of 9 months (IQR 1-25), control of reflux symptoms after surgery was achieved in 71.4% after HHR, 86.7% after RYGB and 90.9% after OADS with no significant difference demonstrated between each group ($p=0.24$). Of the patients who achieved symptom control 46% (HHR), 34.6% (RYGB) and 40% (OADS) remained off PPI while the remainder required regular or breakthrough PPI for ongoing control ($p=0.48$).

Conclusion

HHR may be a safe and effective initial surgical option for patients presenting with reflux following LSG, that provides similar outcomes to more complex operations such as RYGB and DS.