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Topic: AS39. MBS and reflux

MBS AND REFLUX

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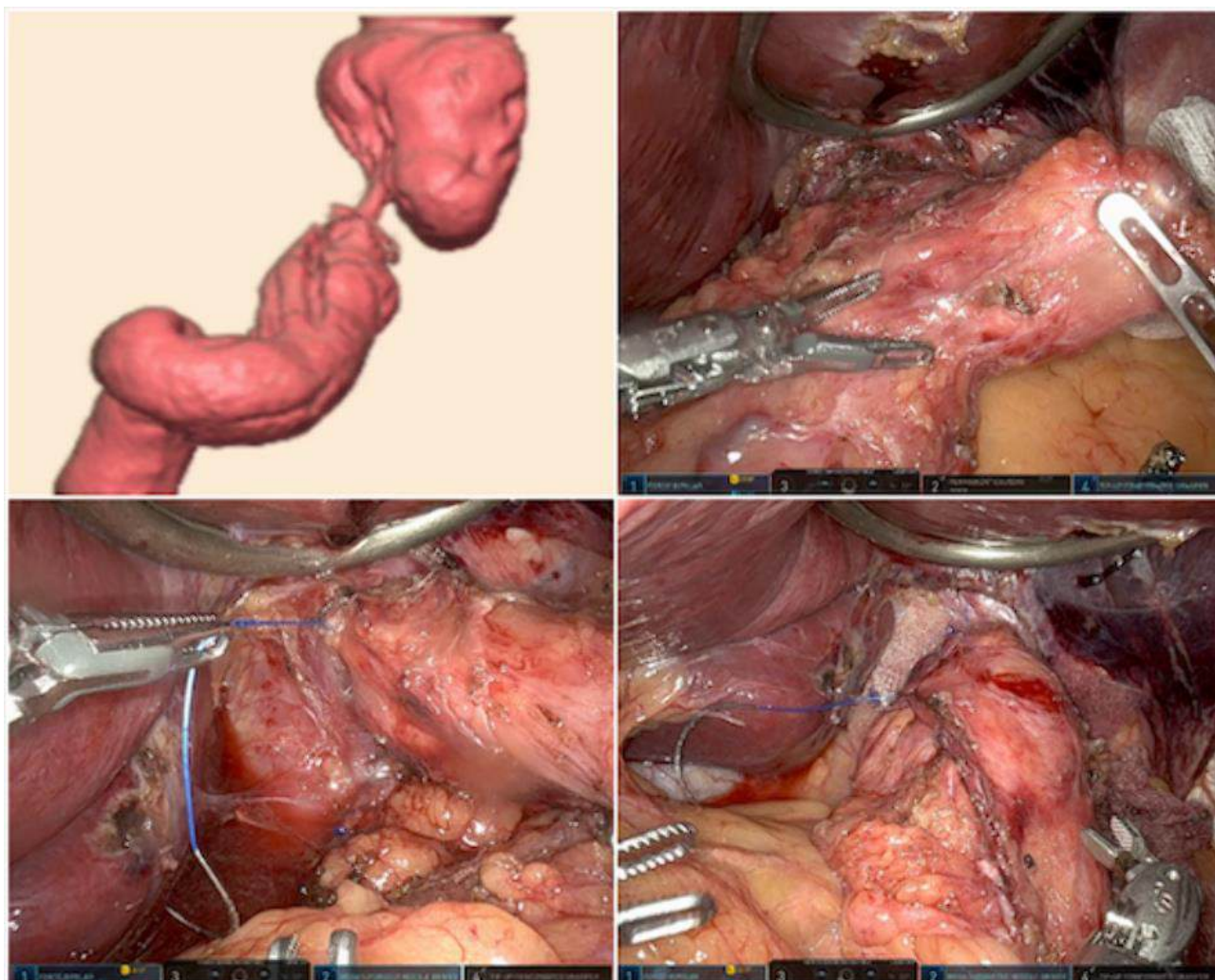
### HIATUS HERNIA REPAIR WITH OESOPHAGOPEXY AND PARTIAL FUNDOPLICATION IN TREATING REFLUX FOLLOWING LAPAROSCOPIC SLEEVE GASTRECTOMY

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**Background:** The potential causes of gastroesophageal-reflux-disease (GORD) after laparoscopic sleeve gastrectomy (LSG) are multiple. Primary or secondary disorders of oesophageal peristalsis, abnormal lower-oesophageal-sphincter function and compliance, transhiatal gastric migration and raised intragastric pressures driven by early or secondary gastric tube misconfiguration are all potential drivers of a transdiaphragmatic pressure gradient that favours prolonged oesophageal exposure to gastric contents. Anatomical and functional investigations which examine these factors will help identify the underlying causes, in turn allowing for a tailored approach to the patients' management.

**Objectives:** We present a case of hiatus hernia (HH) repair with partial anterior fundoplication utilising the retained fundic pouch in a patient with a previous LSG using the da Vinci Xi system.

**Methods:** A 61-year-old female was referred for GORD management with a background of previous laparoscopic adjustable gastric band (LAGB), which was converted to LSG 15 years ago. She had no significant comorbidities and a BMI of 28. Preoperatively, her endoscopy revealed a sliding HH and Barrett's oesophagus with a reasonable sleeve configuration. Her CT-Fizzogram however suggested that in addition to a 4 cm long intra-thoracic migration of the stomach there was also a degree of proximal gastric asymmetric dilation and effacement of the oesophageal vestibule that confounded easy identification of the gastroesophageal-junction. Intraoperatively, a moderate HH containing a saccular fundic remnant was found, along with dense posterior gastric eschar from her previous LAGB at the remnant's inferior aspect. After adhesiolysis and restoring intraabdominal oesophageal length, cruroplasty and oesophagopexy were performed, followed by reinforcement with a biosynthetic mesh. The remnant fundus was then used to reapproximate the angle of His and to construct an anterior partial wrap.



**Results:** The patient recovered well from the operation and had complete resolution of her symptoms on her follow-up.

**Conclusions:** Studies have shown that HH repair, particularly when combined with oesophagopexy, is a safe and effective treatment for GORD in patients following LSG. Additionally, various techniques to augment the lower-oesophageal-sphincter have been described to offer further reflux control. Our surgical approach effectively addressed the factors contributing to our patient's reflux while negating the risks associated with alternative options, such as pouch revision or bypass procedures.

**Disclosure:** No significant relationships.