Minimally Invasive and Novel Therapeutics (M.I.N.T.) in Foregut Disease
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Gastropexy

Why and How I do it

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Gastropexy is a *necessary* and *sufficient* method of dealing with the stomach after reduction of a large paraesophageal hernia and closure of the hiatus

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Disclaimer #1

This isn't about patients with small hiatal hernias or medically-refractory reflux disease

Those patients should have an operation specifically tailored to maximize reflux management

This about patients with large paraesophageal hernias and predominantly mechanical symptoms

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Disclaimer #2

This isn’t about pulling the stomach out of the chest and putting in a g-tube

“Gastropexy” is often used to describe this technique for avoiding a long operation in a sick patient… it doesn’t work and you shouldn’t do it

This is about what you do with the stomach after completely reducing this hernia sac, mobilizing the esophagus, and closing the hiatus

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Disclaimer #3

I bring no data

Confusion about definitions and indications (see: Disclaimers #2 and #1) makes the data meaningless

This will require some first-principles thinking

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Principle #1

The number one reason for hernia recurrence is failure to mobilize the esophagus

If the GEJ isn't in the abdomen without tension at the end of the case, the stomach is going to be pulled back into the chest.

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Principle #2

Postop dysphagia is worse than postop reflux

Reflux is usually manageable.

Dysphagia is poorly tolerated.

Most patients who require reoperation after foregut surgery have dysphagia as a dominant symptom

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Principle #3

Surgery for patients with hiatal hernias prevents reflux by:

Aligning the diaphragm and the LES – allowing contraction of the former to augment the action of the latter during valsalva

Allowing the distal esophagus and proximal stomach to see intraabdominal pressure rather than negative intrathoracic pressure

Suspending the fundus of the stomach above the GEJ, recreating an acute Angle of His

Creating a one-way valve at the GEJ

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Principle #4

The worst complication of PEH repair is injury/devitalization of the esophagus or stomach.

The second worst is acute reherniation.

The best way to handle the stomach is… barely at all.

But some kind of pexy is needed.

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To summarize

An ideal operation for a large PEH is one that:

Gets the GEJ comfortably into the abdomen

Closes the hiatus

Recreates the Angle of His

Avoids dysphagia

Minimizes handling of the stomach

Prevents acute reherniation

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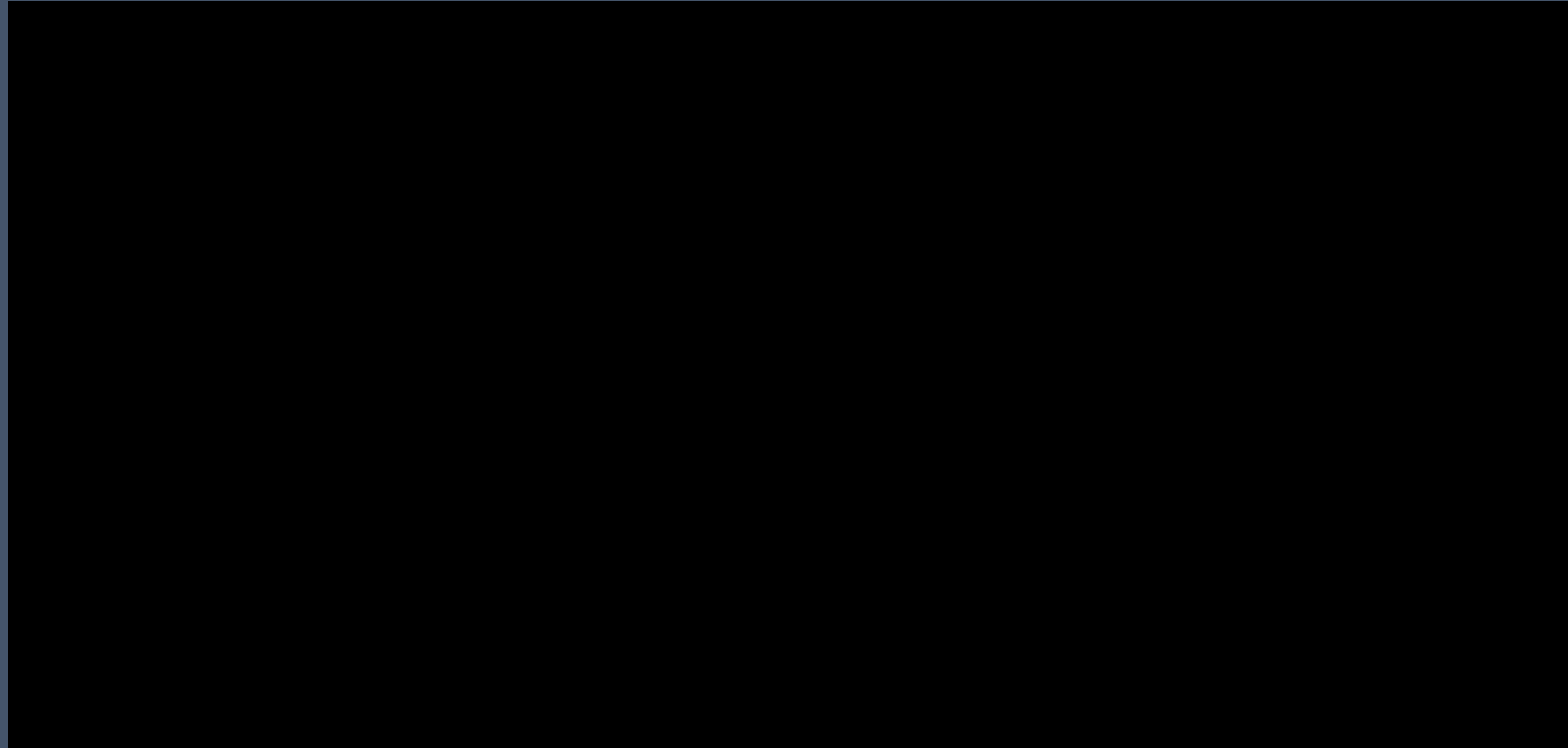
Gastropexy: How I do it



"To summarize my views about the rationale of operations to cure reflux esophagitis, I believe that the hernia should be reduced because its presence permits reflux; the esophageal hiatus may sometimes require diminishing in size in the hopes that this maneuver will help to prevent a recurrence of the hernia; the esophagogastric angle should be reconstituted by fixing the cardia below the diaphragm and so allowing the fundus of the stomach to balloon up under the dome"

– Norman Barrett, 1954

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