

Minimally Invasive and Novel Therapeutics (M.I.N.T.)
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Gastropexy Is Not Needed!

Techniques and Role of Gastropexy after Hiatal Closure

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Disclosures

None

GASTROPEXY? FUNDOPLICATION!



Hiatal Hernia Repair Guidelines



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Guidelines for the Management of Hiatal Hernia

sages.org/publications/guidelines/guidelines-for-the-management-of-hiatal-hernia

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Guideline 13

“A fundoplication must be performed during repair of a sliding type hiatal hernia to address reflux. A fundoplication is also important during paraesophageal hernia repair”




Hiatal Hernia Repair Guidelines

Surgical Endoscopy (2023) 37:4555–4565
<https://doi.org/10.1007/s00464-023-09933-8>

ORIGINAL ARTICLE

Check for updates

Management of paraesophageal hiatus hernia: recommendations following a European expert Delphi consensus

Stephan Gerdes¹  · Sebastian F. Schoppmann² · Luigi Bonavina³ · Nicholas Boyle⁴ · Beat P. Müller-Stich⁵ · Christian A. Gutschow¹ · the Hiatus Hernia Delphi Collaborative Group

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“Recommended strategy for reconstruction: lower esophageal sphincter augmentation (Nissen or Toupet)”



Table 3 Expert recommendations for technical steps during reconstruction in pHH repair

	Strongly recommended/Recommended (%)	Neither recommended nor discouraged (%)	Discouraged/Strongly discouraged (%)	Overall assessment
Suture repair	100	0	0	Recommended
Antireflux procedure	96	4	0	Recommended
In case of short esophagus: Esophageal lengthening procedure (Collis or other)	51	36	13	Acceptable
Positioning of large-bore esophageal tube	45	37	18	Acceptable
Gastropexy	40	33	27	Acceptable
Use of mesh	25	52	22	Acceptable
Postoperative wound drain	24	25	51	Acceptable
Postoperative gastric decompression tube	16	25	58	Acceptable
Postoperative chest drain	6	25	69	Acceptable
Ligamentum teres to reinforce hiatal repair	4	43	52	Acceptable
Use of relaxing diaphragmatic incisions	4	39	57	Acceptable
Left hepatic lobe (hepatic shoulder) to reinforce hiatal repair	3	30	67	Acceptable



Gastropexy prevents recurrence, right?

Laparoscopic Paraesophageal Hernia Repair, a Challenging Operation: Medium-Term Outcome of 116 Patients

Sergio Diaz, M.D., L. Michael Brunt, M.D., Mary E. Klingensmith, M.D., Peggy M. Frisella, R.N., Nathaniel J. Soper, M.D.

Recurrence rates:

No gastropexy: $9/68 = 13\%$

Gastropexy: $12/48 = 25\%$ (P=0.08)



Patient pressure 14 mmHg

Actual gas flow 0.3 l/min

Intensity 100 %

