IMPACT OF DIAPHRAGMATIC RELAXING INCISION ON RECURRENCE RATE AFTER PARAESOPHAGEAL HERNIA REPAIR; 1 YEAR RESULTS OF A DOUBLE-BLIND, RANDOMIZED CLINICAL TRIAL

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A double-blind randomized trial of 76 patients found that adding a left-sided diaphragmatic relaxing incision to standard laparoscopic paraesophageal hernia repair did not reduce anatomical recurrence rates at 12 months (54% vs 66%, p=0.313).

KEY POINTS

- CT-confirmed recurrence at 12 months occurred in 54% of patients receiving the relaxing incision with mesh versus 66% in the control group receiving standard crural repair with fundoplication, a difference that was not statistically significant (p=0.313).
- Both groups showed significant improvements in dysphagia, reflux, indigestion, and abdominal pain postoperatively, with no differences between groups in symptom relief or quality of life.
- 90-day mortality was 2.6% (2 deaths, 1 per group), with other complications including 1 mediastinal abscess and 5 patients requiring postoperative endoscopic dilatation.
- Three patients in the intervention group developed asymptomatic herniation at the diaphragmatic incision site.
- The authors concluded that the relaxing incision technique should not be recommended for routine use and alternative strategies to reduce paraesophageal hernia recurrence need to be explored.

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