

COMPLICATIONS OF INSUFFICIENCY OF THE ANTI-REFLUX FUNCTION OF THE PHYSIOLOGICAL CARDIA IN HIATAL HERNIAS:DIAGNOSIS AND TREATMENT

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Poster

Oesophagus

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A two-stage surgical approach for hiatal hernia that preserves the physiological cardia was associated with fewer complications and lower recurrence rates compared to standard fundoplication techniques in a 78-patient series.

KEY POINTS

- In 78 hiatal hernia patients treated surgically (2017-2022), the novel method preserving diaphragm-esophagus-stomach connections and restoring physiological cardia showed significantly lower recurrence rates (8.8%) compared to standard Nissen, Toupet, or Dor fundoplications (25.0%, $p < 0.05$) over 6 months to 4 years follow-up.
- The proposed technique significantly reduced postoperative complications including gas bloat-syndrome ($p = 0.031$), pylorospasm ($p = 0.045$), and dysphagia ($p = 0.038$) compared to standard antireflux operations.
- The two-stage approach included first-stage treatment of esophageal pathology (conservative therapy for esophagitis, balloon dilatation for strictures, argon plasma ablation for Barrett's esophagus) followed by second-stage surgical repair.
- Baseline endoscopic balloon manometry showed reduced lower esophageal sphincter pressure in all hiatal hernia types: axial 11.39 ± 2.44 mmHg, paraesophageal 13.54 ± 3.32 mmHg, and mixed 8.06 ± 3.64 mmHg (normal 14-21 mmHg).
- This study would interest surgeons managing hiatal hernias and gastroesophageal reflux disease seeking alternatives to standard fundoplication techniques.

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