Abstract Template

Abstract Title: GIANT PARAESOPHAGEAL HERNIA, LAPAROSCOPIC REPAIR giant controversy

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Abstract

Anti-reflux surgery and repair of small hiatal hernias are now well indicated and frequently preformed. Repair of giant paraoesophageal hernias (GPEH) accounts for approximately 5% of all hiatal hernias. Medical management may be associated with a 50% progression of symptoms and a significant death rate of >30%, usually catastrophic.

Conventional open surgery has a low death rate, but complications are significant and return to daily routine is delayed in elderly population. Recently, short-term outcome studies have reported that minimally invasive approaches to PEH may be associated with a lower complication rate, a shorter hospital stay, shorter surgical times, and faster return to daily routine, just as it occurs in other minimally invasive procedures.

A total of 64 patients underwent surgery between 2002 and 2018 with different types of PEH (III-IV). The principal symptom experienced are dysphagia with 70% of all cases, 50% with chest pain, and anemia accounted for 5% of patients. All patients went through preoperative evaluation with endoscopy and a CT scan.

49 individuals were diagnosed with GPEH means III or IV (>50% of gastric fundus through the mediastinum); 8 of which had previous surgery.

The technique consists of a 5-port laparoscopy, reduction of hernia content and hernial sac excision. The hiatal gap is fixed with a Polytetrafluoroethylene (PTFE) Mesh to the diaphragmatic crura with Ethibon-2-0. Finally, the stomach is fixed to the anterior abdominal wall with the gastroesophageal (GE) junction back in the abdominal cavity.

Patient demographics are 20 males and 44 females, with a median of 58 years of age; surgical duration times averaged 110 minutes; bleeding 20mL; hospital stay 48 hours. An esophagogram were performed after 24 hours with no fugue evidence nor immediate recurrence. Oral intake indicated after its realization.

We show the follow up and debate the use of mesh and anti-reflux procedure.
Keywords—Giant paraesophageal hernia, Laparoscopic hiatal hernia repair, Mesh reair, Thoracic gastric volvulus

Professional Biography

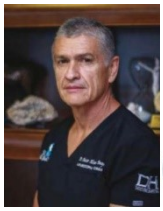
Hector Alcaraz has completed his medical formation in general surgery at the UANL UNIVERSITARY HOSPITAL in 1986 at the age of 29 ,

Complete his laparoscopic trainee in 1991 at the TEXAS ENDOSURGERY and 1993 at POLICLINIQUE BOIS BERNARD at Arras France,

During the 33 years practice have serve as a proffers of the Monterrey University UDEM, and active member of the Mexican Endoscopic Surgery Society , and me Mexican Society for General Surgery,

Practitioner and developer since 1991 of many laparoscopic thecnics in Mexico in relation to biliary tract, appendectomy, colon , ventral hernia and hiatal hernia repair , and other procedures.

Currently he's a chairman of profesional surgical developments at the DOCTORS HOSPITALS in Nuevo Leon with more than 700 beds.



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Any Comments: Thanks for be part of your proyect.

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