

Paraoesophageal Hernias: A Surgical Perspective

Neda Farhangmehr¹, Thodoris Liakakos² and Alexandros Charalabopoulos^{1*}

¹Regional Oesophagogastric Center, Department of Upper GI Surgery, Broomfield Hospital, Chelmsford, United Kingdom

²Unit of Upper GI Surgery, 1st Department of Surgery, Laiko Hospital, National and Kapodistrian University of Athens, Athens, Greece

*Corresponding author: Charalabopoulos A, Regional Oesophagogastric Center, Department of Upper GI Surgery, Broomfield Hospital, Chelmsford, United Kingdom, Tel: 0044(0)7553104746; E-mail: acharalabopoulos@yahoo.com

Receiving date: July 27, 2017; Accepted date: August 23, 2017; Published date: August 30, 2017

Copyright: © 2017 Farhangmehr N, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Keywords: Paraoesophageal hernia; Hiatus hernia; Laparoscopic hiatal surgery

9X]hcf]U

asymptomatic paraoesophageal hernias are concerned and although there is yet no consensus regarding the adoption of an operative approach or not, the role of prophylactic paraoesophageal hernia repairs to prevent acute incarceration is limited; careful consideration it can be mostly reserved for patients younger than 75 years of age with a good performance status [5]. In a recent Canadian study, a simulation model comparing prophylactic paraoesophageal hernia repair with watchful waiting, concluded that the latter was a superior strategy in 82% of the simulations and that patients with asymptomatic paraoesophageal hernias are more likely to achieve better health outcomes if they are at least initially treated by watchful waiting rather than a prophylactic hernia repair [9].

Some groups advocate that surgery is safe in elderly patients. Parker et al., in a study comparing laparoscopic repair of paraoesophageal hernias in age groups reported that mean length of hospital stay was shorter in the <70 age group. Major morbidity was

- 6 Mungo B, Molena D, Stem M, Feinberg RL, Lidor AO (2014) outcomes of paraesophageal hernia repair using the NSQIP database: Should laparoscopy be the standard of care? *J Am Coll Surg* 219: 229-236
- 7 Tam V, Luketich JD, Winger DG, Sarkaria IS, Levy RM, et al. (2017) Non-elective paraesophageal hernia repair portends worse outcomes in comparable patients: A propensity-adjusted analysis. *J Gastrointest Surg* 21: 137-145
- 8 Lebenthal A, Waterford SD, Fisichella PM (2015) Treatment and controversies in paraesophageal hernia repair. *Front Surg* 20: 2-13
- 9 Jung JJ, Naimark DM, Behman R, Grantcharov TP (2017) Approach to asymptomatic paraesophageal hernia: Watchful waiting or elective laparoscopic hernia repair? *Surg Endosc*.
- 10 Parker DM, Rambhajan AA, Horsley RD, Johanson K, Gabrielsen JD, et al. (2017) Laparoscopic paraesophageal hernia repair is safe in elderly patients. *Surg Endosc* 31: 1186-1191.
11. Chimukangara