FUNDIC GASTROPEXY FOR HIGH RISK OF RECURRENCE LAPAROSCOPIC HIATAL HERNIA REPAIR AND ESOPHAGEAL SPHINCTER AUGMENTATION (LINX) IMPROVES OUTCOMES WITHOUT ALTERING PERIOPERATIVE COURSE

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INTRODUCTION

• LINX: Magnetic sphincter augmentation (MSA) device used to surgically treat acid reflux and hiatal hernias
• Safe surgical alternative to PPI use for treatment of GERD
• Larger hernias or certain patient risk factors make LINX procedure more difficult
• LINX with gastropexy (PLINX) for high-risk patients has not been investigated

BACKGROUND

• Objective: Is to show that the addition of a fundic gastropexy to a laparoscopic hiatal hernia repair (HHR) and magnetic sphincter augmentation (MSA) in patients with high risk for hiatal hernia recurrence improves outcomes without altering perioperative course.

METHODS

• Retrospective chart review of 137 patients who underwent MSA implantation +/- gastropexy between January 2017 and November 2019
• Post-operative outcomes were compared and analyzed to determine any statistical differences between groups using Chi-Square and Fisher’s Exact test

RESULTS

• Co-morbid states that increased abdominal pressure were the highest indicator for performing gastropexy. This included COPD, CHF, liver disease, asthma, and chronic diarrhea

• LRHR patients experienced significantly higher rates of dysphagia compared to HRHR (p < .05)
• Analysis of resolved symptoms, post-operative EGD/dilations, and post-operative PPI use between HRHR and LRHR groups showed no statistical difference (p > .05)

• PLINX is safe and effective for treatment of GERD in high-risk of recurrence patients, potentially reducing them.
• PLINX may decrease post-operative dysphagia often associated to LINX procedure
• Further studies that include patient quality of life assessment and long-term follow-up evaluations should be considered

REFERENCES

• Short-Term Outcomes Using Magnetic Sphincter Augmentation Versus Nissen Fundoplication for Medically Resistant Gastroesophageal Reflux Disease
• Introduction of mechanical sphincter augmentation for gastroesophageal reflux disease into practice: early clinical outcomes and keys to successful adoption.