MMC Among Nation’s Highest Volume Center for Laparoscopic Hiatal/Paraesophageal Hernia Repair

Hiatal hernias occur when contents of the abdominal cavity protrude through the esophageal hiatus of the diaphragm. Factors that contribute to the development of a hiatal hernia include an enlargement of the esophageal hiatus due to developmental defects, an increased abdominal thoracic pressure gradient, and the depletion of elastic fibers in the phrenoesophageal membrane with aging. There are four different types of hiatal hernias and management varies depending on the type.

Type I, also known as a sliding hernia, is a simple displacement of the gastroesophageal junction into the thoracic cavity. The stomach remains in the abdominal cavity. This is the most common type of hiatal hernia, accounting for about 95% of all hiatal hernias. Types II-IV are classified as paraesophageal hernias. Type II occurs when the gastroesophageal junction maintains its position but the gastric fundus herniates through the diaphragmatic hiatus. Type III has both the gastroesophageal junction and the stomach herniate above the diaphragm. When more than 30% of the stomach is herniated into the thoracic cavity, it is termed a “giant” paraesophageal hernia. A patient has a type IV hernia when other organs, such as the colon, in addition to the stomach herniate above the diaphragm.

Most type I hernias do not cause any symptoms, but when large, they can cause gastroesophageal reflux disease. Most can be managed medically. Those that are refractory to medications may require surgery, most commonly a Nissen fundoplication. Similarly, paraesophageal hernias are many times asymptomatic and are often found incidentally on imaging. Mild symptoms include chest and epigastric pain, dysphagia, palpitations, chronic cough, early satiety, post prandial shortness of breath and chronic anemia secondary to erosions of gastric mucosa from gastric distension. Life threatening conditions can occur if the stomach has volvulized. This can lead to serious consequences such as an acute gastric obstruction with ischemia, stranguilation and perforation.

Twenty years ago, Monmouth Medical Center was one of the first hospitals in New Jersey to offer laparoscopic hiatal/paraesophageal hernia repair and it has become among the highest volume centers in the nation. We now perform between 150-175 cases per year. We have published our data in peer reviewed journals with documented radiologic recurrence rates of 17% which is less than half of the national average. Monmouth Medical Center was chosen to be one of six hospitals alongside Cleveland Clinic, University of Kentucky, Medical College of Wisconsin, Virginia Heartburn and Hernia Institute and Cardinas Healthcare System for a large national hepatic biological mesh implantation trial in 2015. In addition, we have just completed a textbook on Revisional Fonegut Surgery which is the first of its kind and scheduled for publication by Springer in the summer of 2019.

If you have any patients with a hiatal/paraesophageal hernia we would be glad to assist you in evaluating them as a potential surgical candidate. To learn more, call 732-923-6481.