

AB195. SOH21AS248. A case series of laparoscopic repair of paraesophageal hernia using a modified Boerema technique

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Background: Boerema first described the repair of paraesophageal hernias using ventral gastropexy in 1952. These hernias account for approximately 5% of all hiatus hernias. There is controversy over the role of cruroplasty and routine use of antireflux techniques. Using intra-operative video and results from our case series we will describe our modified Boerema technique and outcomes.

Methods: We performed seven laparoscopic anterior gastropexy procedures for symptomatic giant paraesophageal hernias. A review of patient charts was performed to collect data on patient age, gender, clinical presentation, complications at 1 month, and post-op imaging. Our primary outcome was the restoration of the stomach to a subdiaphragmatic position as seen on Barium swallow. All patients were initially investigated with Barium Swallow and CT Thorax Abdomen and Pelvis. The aim of the procedure was to restore the stomach to an intra-abdominal position. This was achieved through excision of the hernial sac and trans-fascial ventral gastropexy, without closure of the oesophageal hiatus.

Results: Post-op Barium swallow demonstrated a successful restoration of the stomach to a subdiaphragmatic position in all cases. On follow-up, five cases were uncomplicated, one case was complicated by persistent nausea, and one case

by new onset belching.

Conclusions: Cruroplasty with antireflux techniques is a popular means of paraesophageal hernia repair in symptomatic cases. Our series demonstrates that modified Boerema ventral gastropexy via a minimally invasive approach is a suitable alternative. We have experienced no case of early reoccurrence, and very low rates of morbidity.

Keywords: Minimally-invasive; laparoscopic; Boerema; hernia; gastropexy

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-21-ab195

Cite this abstract as: Barrett S, Fearon N, McEntee G, Conneely J. A case series of laparoscopic repair of paraesophageal hernia using a modified Boerema technique. *Mesentery Peritoneum* 2021;5:AB195.