



*AAST Acute Care Surgery Didactic Curriculum*

## **Paraesophageal Hernia and Volvulus**

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### Highlights:

- **Diagnosis**
  - CXR is an appropriate first diagnostic step but further workup should be performed
  - Contrast study with barium is used to gauge size of the hernia and localize the GE junction in relation to the esophagus
  - CT scan is useful in urgent situations such as gastric volvulus
  - EGD allows visual assessment of the mucosa especially for incarcerated hernias
- **Operative Technique**
  - Minimally invasive repair is as effective as open with reduced rate of perioperative morbidity
  - Inadequate long-term data to recommend for or against use of mesh reinforcement
  - Fundoplication must be performed during Type I repair and recommended for repair of Type II-IV
  - Intraoperative esophageal length should measure 3cm in length
  - Gastric volvulus is an indication for urgent surgical repair
- **High Risk patients**
  - Hernia reduction with gastropexy alone may be a safe alternative but associated with high recurrence rates
  - Formal repair is preferred in appropriately selected patients