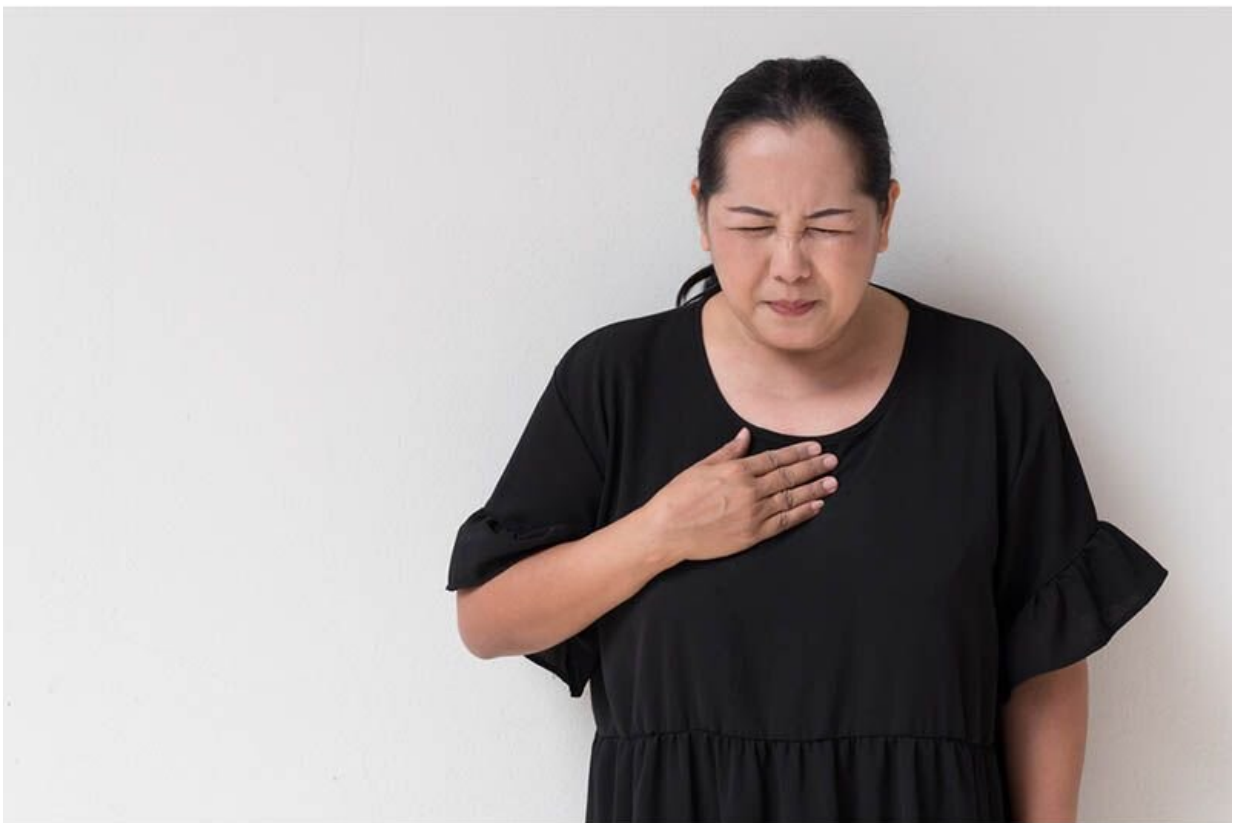


Sleeve gastrectomy plus hiatal hernia repair or fundoplication reduces GERD

June 1 2023, by Elana Gotkine



For patients undergoing bariatric surgery with gastroesophageal reflux

disease (GERD) and/or hiatal hernia, sleeve gastrectomy (SG) with concomitant hiatal hernia repair (HHR) and SG with fundoplication (FP) are both effective for reflux resolution and weight outcomes, according to a review published online May 6 in the *Journal of Clinical Medicine*.

Lidia Castagneto-Gissey, M.D., Ph.D., from Sapienza University of Rome, and colleagues conducted a [systematic review](#) and [meta-analysis](#) to examine the efficacy of SG + HHR versus SG + FP on GERD remission in patients with obesity. The meta-analysis included 15 studies with 1,164 patients; 554 and 610 underwent SG + HHR and SG + FP, respectively.

The researchers found that in the SG + HHR group, clinical GERD symptoms decreased from 58.5% at presentation to 20.4% postoperatively. In the SG + FP group, the corresponding decrease was from 64.8% to 5%. Significantly greater GERD remission was seen in the SG + FP group. The groups had similar weight loss, and the rate of leaks did not differ significantly (0.18 and 0.33% in the SG + HHR and SG + FP groups, respectively). Perforations occurred significantly more often after SG + FP than SG + HHR (3.1 versus 0%), and the mortality rate was significantly higher in the SG + FP group (0.5 versus 0%).

"The superiority of SG + FP in terms of GERD symptom remission might be attributable to the greater pressure of the gastric wrap exerted at the level of the lower esophageal sphincter," the authors write.

More information: Lidia Castagneto-Gissey et al, Efficacy of Sleeve Gastrectomy with Concomitant Hiatal Hernia Repair versus Sleeve–Fundoplication on Gastroesophageal Reflux Disease Resolution: Systematic Review and Meta-Analysis, *Journal of Clinical Medicine* (2023). [DOI: 10.3390/jcm12093323](https://doi.org/10.3390/jcm12093323)

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