

3rd International Conference on Gastroenterology & Urology

July 28-30, 2014 DoubleTree by Hilton Hotel San Francisco Airport, USA

Minimally invasive surgery for treatment of type III and IV hiatal hernia

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There are four types of hiatal hernias, and diagnosis is established on the basis of gastroscopy in the majority of the cases. Type III represents a mixed type in which the abdominal esophagus as well as the gastric cardia and fundus protrude into the thorax through pathologically widened esophageal hiatus. Type IV, the so-called upside down stomach, can be considered an evolutionary form of type III, and refers to the herniation of nearly whole stomach (except for the cardia and pylorus) into the thorax. Types III and IV of hiatal hernias represent a group of rare (5%) diaphragmatic defects; thus, most centers do not possess considerable experience in their treatment. Frequently, laparoscopic treatment is implemented; although, according to some authors, conversion to laparotomy, thoracotomy, or thoracolaparotomy is necessary in selected cases. In conclusion, laparoscopic technique constitutes an excellent and safe method of repair of even most complex defects in the esophageal hiatus. Therefore, minimally invasive technique combined with anti-reflux procedure should be the method of choice in patients with type III and IV hernia. The use of mesh should be controversial and should be reserved for the most extensive defects of the diaphragm, and especially for cases of recurrent cases of hiatal hernia. Significant shortening of the esophagus is extremely rare with the result that almost all patients do not require lengthening procedures.

Biography

Marcin Migaczewski is Assistant Professor in Second Department of General Surgery, Jagiellonian University Medical College, Krakow, Poland. He is working in Department of Endoscopic, Metabolic and Soft Tissue Malignancies Surgery of University Hospital, Krakow, Poland. He has published more than 30 papers in peer-reviewed journals, has been invited several times to be a seminar speaker, and has presented findings at national and international scientific conferences.

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