

# Laparoscopic Hiatus Hernia Repair

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## What Is a Hiatus Hernia?

A **hiatus (hiatal) hernia** occurs when part of the stomach moves up through the diaphragm into the chest via the oesophageal hiatus. This can interfere with the normal function of the lower oesophagus and contribute to **gastro-oesophageal reflux disease (GORD)**.

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## What Is Laparoscopic Hiatus Hernia Repair?

Laparoscopic hiatus hernia repair is a **minimally invasive surgical procedure** to:

- Return the stomach to its normal position in the abdomen
- Repair and tighten the opening in the diaphragm (hiatus)
- It may require mesh reinforcement

The surgery is performed using small incisions and a camera.

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## Why Might I Need the Surgery?

Indications include:

- Severe or persistent reflux symptoms despite medication
  - Large or para-oesophageal hiatus hernia
  - Regurgitation, chest pain, or difficulty swallowing
  - Recurrent aspiration or respiratory symptoms related to reflux
  - Complications of reflux (e.g. oesophagitis, strictures)
  - Gastric volvulus or obstruction (urgent indications)
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## What Are the Benefits of Surgery?

- Improved control of reflux symptoms
- Reduced dependence on long-term acid-suppressing medication
- Prevention of complications such as strangulation or obstruction
- Improved quality of life

- Minimally invasive approach offers:
  - Shorter hospital stay
  - Less pain
  - Faster recovery
  - Smaller scars

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### What Are the Alternatives?

Alternatives depend on your condition and may include:

- Long-term medical management (e.g. proton pump inhibitors)
- Lifestyle and dietary modifications
- Watchful waiting (for small, asymptomatic hernias)
- Open surgery (in selected or complex cases)

Your surgeon will discuss which options are appropriate for you.

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### How Is the Surgery Performed?

1. The procedure is done under **general anaesthesia**.
2. 4–5 small incisions are made in the abdomen.
3. The stomach is repositioned into the abdomen.
4. The hiatus is repaired with sutures.
5. Occasionally, mesh reinforcement may be used.
6. Incisions are closed with sutures.

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### What Are the Risks and Complications?

All surgery carries some risk. Laparoscopic hiatus hernia repair is generally safe, but complications can occur.

### General Risks of Any Surgery or Anaesthesia

Complication	Estimated Risk
Wound infection	1–3 in 100
Bleeding requiring transfusion	<1 in 100
Deep vein thrombosis (DVT)	1 in 1,000–2,000
Pulmonary embolism (PE)	1 in 10,000–20,000
Chest infection	1–2 in 100
Heart attack	1 in 10,000
Stroke	1 in 10,000
Death (elective surgery)	<0.1% (higher in high-risk patients)

Sources: ANZCA, AIHW, ACSQHC

### Specific Risks of Laparoscopic Hiatus Hernia Repair

Complication	Estimated Risk
Difficulty swallowing (dysphagia, usually temporary)	Up to 30% early; persistent 5–10%
Gas bloat syndrome	10–20%
Inability to belch or vomit	Common
Hernia recurrence	5–15%
Injury to oesophagus or stomach	<1 in 100
Bleeding from spleen or liver	<1 in 200
Pneumothorax (air around lung)	1–5 in 100
Conversion to open surgery	1–5 in 100
Need for reoperation	5–10% over time
Need for ongoing PPI	>30% (beyond 5yrs)

### Things That Increase My Risk

- Large or long-standing hiatus hernia
- Obesity
- Smoking
- Poor lung function
- Previous upper abdominal surgery
- Advanced age
- Emergency surgery

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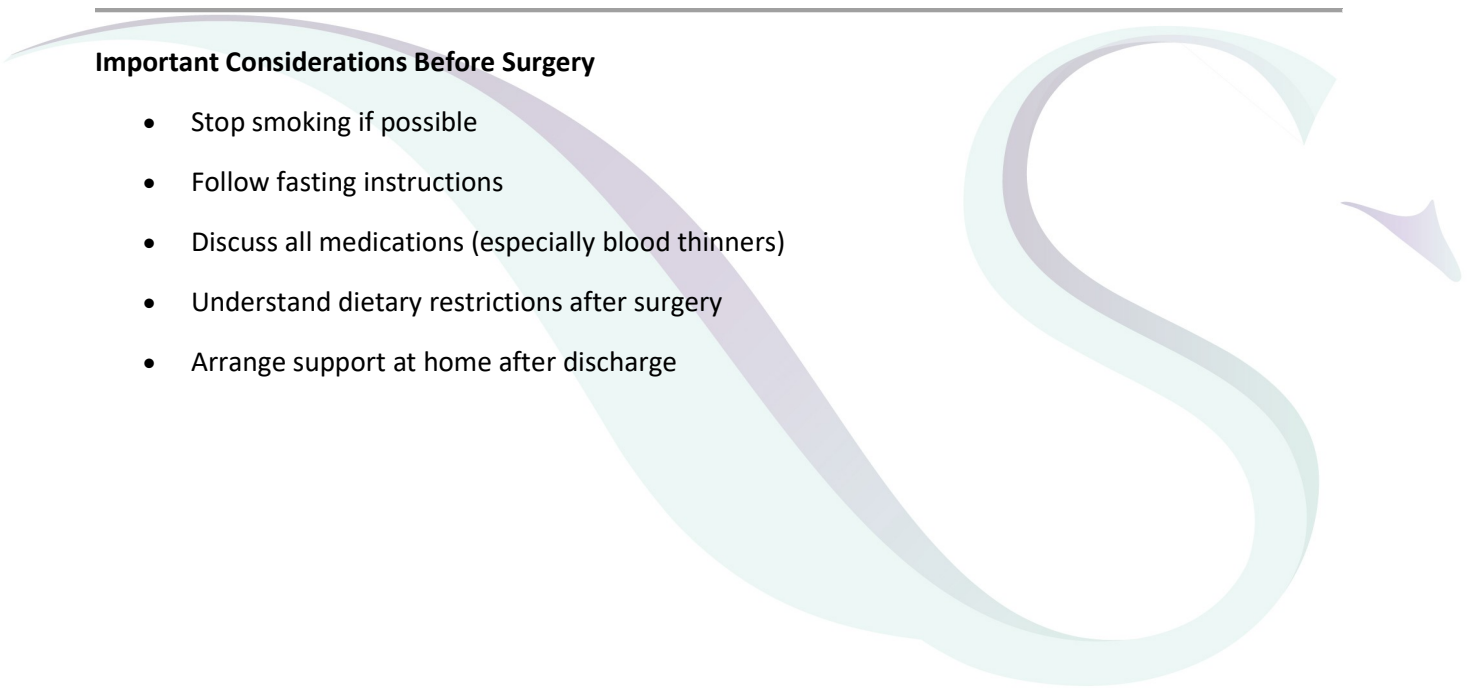
### Recovery and Expected Outcomes

- Hospital stay: **1–2 days**
- Pain is usually mild to moderate
- **Soft or pureed diet** for several weeks
- Gradual return to normal diet over 6–8 weeks
- No heavy lifting for **6 weeks**
- Return to work: 2–4 weeks (depending on role)

Most patients experience significant improvement in reflux symptoms.

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### Important Considerations Before Surgery

- Stop smoking if possible
  - Follow fasting instructions
  - Discuss all medications (especially blood thinners)
  - Understand dietary restrictions after surgery
  - Arrange support at home after discharge
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### Evidence-Based Resources for Patients

1. **Healthdirect Australia**  
<https://www.healthdirect.gov.au/hiatus-hernia>
2. **Better Health Channel (Victoria State Government)**  
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/hiatus-hernia>
3. **Royal Australasian College of Surgeons (RACS)**  
<https://www.surgeons.org> (Patient information resources)

### **Compliance Statement (Internal / Accreditation)**

This document aligns with:

- **RACS** – *Informed Consent: A Guide for Surgeons*
- **Medical Board of Australia (AHPRA)** – *Good Medical Practice*
- **ANZCA** – *Anaesthesia Consent Guidelines*
- *\*Australian Commission on Safety and Quality in Health Care (ACSQHC)*

## Consent for Laparoscopic Hiatus Hernia Repair

### Informed Consent Checklist

Please read and tick each box:

- ☐ I understand **why laparoscopic hiatus hernia repair is recommended**
- ☐ I understand **what the surgery involves**, including possible fundoplication and mesh use
- ☐ I understand the **expected benefits** and that results cannot be guaranteed
- ☐ I understand the **general and specific risks**, including long-term effects
- ☐ I understand the **reasonable alternatives**, including non-surgical options
- ☐ I have had **adequate time to ask questions**, and they were answered clearly
- ☐ I have provided **accurate medical information**, including medications and allergies
- ☐ I understand the **recovery process**, dietary changes, and restrictions
- ☐ I understand that **unexpected findings** may require additional procedures
- ☐ I understand that **consent is voluntary** and can be withdrawn at any time

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### Statement of Consent

I confirm that:

- I have read and understood the information provided
- The risks, benefits, and alternatives have been explained
- I consent to undergo laparoscopic hiatus hernia repair

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Surgeon Declaration

I confirm that I have:

- Discussed the procedure, risks, benefits, and alternatives
- Answered the patient's questions
- Assessed the patient's capacity to provide informed consent

**Surgeon Name:** Dr Suzanne Ma

Signature: \_\_\_\_\_

Date: \_\_\_\_\_