



Update on paraesophageal hiatal hernia repairs, transthoracic, transabdominal, laparoscopic, or robotic, which method is best

We are pleased to introduce this special series devoted to the repair of paraesophageal hiatal hernias. Although not often done by video-assisted thoracoscopic surgery (VATS), these are commonly done by thoracic and general surgeons, either through the chest, or through the abdomen. Historically these were done always through a left thoracotomy with a primary crural repair, although a laparotomy approach was sometimes used. As laparoscopy has evolved, the visualization of the hiatus was improved compared to laparotomy, with a lower morbidity over the thoracotomy approach. Most surgeons now repair these by laparoscopy, but have accepted a higher recurrence rates, despite even the introduction of mesh.

In the following series of articles, we tackle the most current controversies and areas for improvement surrounding surgical correction of the paraesophageal hernias. We examine the introduction of robotics and its application for laparoscopic repair. We highlight the benefits and potential downsides of utilizing mesh. We look at alternatives to tradition fundoplication and try to discern the optimal approach for repair, evaluating the limited data comparing the thoracic vs abdominal approaches. We hope that these articles stimulate you in how you approach these operations and serve as a reference for the current best literature on the subject.

We are in debt to the outstanding contributors for offering their knowledge and practice with paraesophageal hiatal hernia repair. Finally, we would like to acknowledge *Video-Assisted Thoracic Surgery (VATS)* journal for allowing us to organize this important special series and for the exceptional work done by all the staff.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the by the editorial office, *Video-Assisted Thoracic Surgery*, for the series “Paraesophageal Hiatal Hernia Repairs, Transthoracic, Transabdominal, Laparoscopic, or Robotic, Which Method Is Best”. The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at <https://vats.amegroups.com/article/view/10.21037/vats-22-31/coif>). The series “Paraesophageal Hiatal Hernia Repairs, Transthoracic, Transabdominal, Laparoscopic, or Robotic, Which Method Is Best” was commissioned by the editorial office without any funding or sponsorship. RMR served as the unpaid Guest Editor of the series and serves as an unpaid editorial board member of *Video-Assisted Thoracic Surgery* from June 2022 to May 2024. RMR is a consultant for Intuitive Surgical and Auris Surgical, has served on an advisory board for Genentech and Medtronic, and had received grant funding from On Target Laboratories, as well as taken role in General Thoracic Surgical Club and Michigan General Thoracic Quality Collaborative. The above entities have not been involved in the writing of this manuscript. The author has no other conflicts of interest to declare.

Ethical Statement: The author is 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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Received: 19 September 2022; Accepted: 30 September 2022; Published: 30 December 2022.

doi: 10.21037/vats-22-31

View this article at: <http://dx.doi.org/10.21037/vats-22-31>

doi: 10.21037/vats-22-31

Cite this article as: Reddy RM. Update on paraesophageal hiatal hernia repairs, transthoracic, transabdominal, laparoscopic, or robotic, which method is best. *Video-assist Thorac Surg* 2022;7:20.