

Laparoscopic redo paraesophageal hernia repair with collis gastroplasty for shortened esophagus

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Abstract Esophageal shortening can be seen in patients with chronic inflammation associated with gastroesophageal reflux disease and paraesophageal hernias. During surgical treatment of these conditions, it is important to address the esophageal shortening during the operation for optimal outcomes. Ideally, 2.5–3 cm of tension-free intraabdominal esophagus is recommended. During this video, we show a redo paraesophageal hernia repair in which we were unable to achieve adequate esophageal lengthening despite extensive mediastinal dissection. We therefore proceeded with Collis gastroplasty with Toupet fundoplication.

Keywords Hernia · GORD/GERD (Gastro-oesophageal reflux disease) · Oesophageal · Technical

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