

# 2023 Hernia Repair, Paraesophageal

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## *Surgical Services*

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## Paraesophageal Hernia Repair, Laparoscopic

### Guideline

A laparoscopic paraesophageal hernia (PEH) is considered medically appropriate when the documentation demonstrates **ANY** the following: [2]

- I. Gastroesophageal reflux disease (GERD) confirmed by esophagogastroduodenoscopy (EGD) with **ANY** of the following: [6] [3]
  - A. Barrett's esophagus with esophageal ulcer, low-grade dysplasia, metaplasia or stricture
  - B. Medical management includes use of proton pump inhibitor (PPI) for symptoms (eg, heartburn, reflux) and is treatment resistant **OR** not tolerated.
  - C. Post endoscopic treatment of Barrett esophagus with carcinoma in situ, high-grade dysplasia or mucosal carcinoma
  - D. Symptomatic when erosive esophagitis is moderate to severe (eg, LA grade B or higher).
- II. Hernia, paraesophageal type II to type IV with **ANY** of the following: [4] [1]
  - A. Bloating
  - B. Chest pressure (non cardiac)
  - C. Chronic anemia [5]
  - D. Dysphagia
  - E. Early satiety
  - F. Heartburn
  - G. Nausea
  - H. Post prandial fullness
  - I. Regurgitation

### Hernia Repair, Paraesophageal Procedure Codes

**Table 1. Paraesophageal Hernia Repair, Laparoscopic, Associated Procedure Codes**

CODE	DESCRIPTION
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)

CODE	DESCRIPTION
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh

## Hernia Repair, Paraesophageal Summary of Changes

Hernia Repair, Paraesophageal clinical guidelines from 2022 to 2023 had the following version changes:

- Existing references were reviewed for currency and appropriateness to the guideline.
- "Inability to eat well due to hernia" was removed under type II to IV.

## Hernia Repair, Paraesophageal Definitions/Key Terms

**Barrett's esophagus** is a metaplastic change of the esophageal epithelium from normal stratified squamous to columnar with goblet cells, resulting from chronic inflammation and repair. The presence of metaplastic epithelium increases risk for esophageal dysplasia and cancer.

**Dysplasia** describes the presence of abnormal cells within a tissue or organ. Dysplasia is not cancer, but may become cancer. Dysplasia can be mild, moderate or severe, depending on the degree of cell change under a microscope and the percentage of tissue or organ affected.

**Hiatal Hernias** are protrusions of any abdominal structure (except the esophagus) outside of the wall that contains it. Hiatal hernias go into the thoracic cavity through a widening of the hiatus of the diaphragm.

There are four subtypes of hiatal hernias, Type I to IV. Types II – IV hernias are considered paraesophageal hernias (PEH), that are delineated from Type I hernias by preservation of posterolateral phrenoesophageal attachments around the gastroesophageal junction.

**Hiatal Hernia Subtypes include:**<sup>1</sup>

- **Type I** : sliding hiatal hernias, where the gastroesophageal junction migrates above the diaphragm. The stomach remains in its usual longitudinal alignment and the fundus remains below the gastroesophageal junction.
- **Type II**: pure paraesophageal hernias (PEH); gastroesophageal junction remains in normal anatomic position but a portion of the fundus herniates through the diaphragmatic hiatus adjacent to the esophagus.

<sup>1</sup>Society of American Gastrointestinal and Endoscopic Surgeons, "Guidelines for the Management of Hiatal Hernia," April 2013. [Online]. Available: <https://www.sages.org/publications/guidelines/guidelines-for-the-management-of-hiatal-hernia/>. [Accessed August 2021].

- **Type III:** combination of Types I and II, with both the gastroesophageal junction and the fundus herniating through the hiatus. The fundus lies above the gastroesophageal junction.
- **Type IV :** characterized by presence of a structure other than stomach (eg, omentum, colon, or small bowel within the hernia sac).

**Hernioplasty** is a type of hernia repair surgery where a mesh patch is sewn over the weakened region of tissue.

**Los Angeles (LA) Grading of Esophagitis** is a stratification of esophagitis severity, from A to D, that is based on endoscopic findings. Grades A and B are considered mild reflux disease and grades C and D are considered severe.

**Paraesophageal hernias (PEH)** are caused by an opening or defect in the diaphragm that may cause displacement of the stomach, small intestine colon, and spleen out of the abdomen, where they normally reside, and into the chest.

## Hernia Repair, Paraesophageal Reference section

- [1] Baiu, I., Lau, J. (2019). Paraesophageal Hernia Repair and Fundoplication. *JAMA*, 24(31):2450. Retrieved: July 2023. doi:10.1001/jama.2019.17390
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- [3] Kohn, G. P., Price, R. R., . . . Fanelli, R. D. (2013). Guidelines for the management of Hiatal Hernia. *SAGES*. Retrieved: July 2023. <https://www.sages.org/publications/guidelines/guidelines-for-the-management-of-hiatal-hernia>
- [4] Sfara, Alice., Dumitrascu, D. L. (2019). The management of hiatal hernia: an update on diagnosis and treatment. *Medicine and Pharmacy Reports*, 92(4), 321-325.
- [5] Vega, J. A., Velanovich, V. (2019). Paraesophageal Hernia : Etiology, Presentation, and Indications for Repair. C.J. Yeo (Ed.). *Shackelford's Surgery of the Alimentary Tract*(8), (pp. 279-283). Philadelphia, PA: Elsevier Inc.
- [6] Yadlapati, R., Gyawali, C. P., . . . Pandolfino, J. E. (2022). AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. *Clinical Gastroenterology and Hepatology*, 20(5), 984-994.



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