Hernia Repair, Paraesophageal

Surgical Services

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Paraesophageal Hernia Repair, Laparoscopic

Guideline

A laparoscopic paraesophageal hernia (PEH) repair may be appropriate if the medical record demonstrates **ANY** the following: [2]

- Gastroesophageal reflux disease (GERD) confirmed by esophagogastroduodenoscopy (EGD) with **ANY** of the following: [6] [3]

    - Barrett's esophagus with metaplasia, low-grade dysplasia, stricture or esophageal ulcer

    - Post endoscopic treatment of Barrett esophagus with high-grade dysplasia, carcinoma in situ or mucosal carcinoma

    - Medical management that includes use of proton pump inhibitor (PPI) for symptoms (eg, heartburn, reflux) and is treatment resistant or not tolerated.

    - Symptomatic with erosive esophagitis that is moderate to severe (eg, LA grade B or higher).

- Hernia, paraesophageal type II to IV with **ANY** of the following: [4] [1]

    - Bloating

    - Chest pressure (non cardiac)

    - Chronic anemia [5]

    - Dysphagia

    - Early satiety

    - Heartburn

    - Inability to eat well due to hernia

    - Nausea

    - Post prandial fullness

    - Regurgitation

References

[1]   Baiu, I., Lau, J. (2019) . Paraesophageal Hernia Repair and Fundoplication. *JAMA, 24*(31):2450. Retrieved: June 2022. doi:10.1001/jama.2019.17390

[2]   Katz, P. O., Dunbar, K. B,... Spechler, S. J. (2022). ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. *The American Journal of Gastroenterology, 117*(1), 27-56.

[3]   Kohn, G. P., Price, R. R,... Fanelli, R. D. (2013). Guidelines for the management of Hiatal Hernia. *SAGES*. Retrieved: June 2022. 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.

Procedure Codes

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

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

Definitions/Key Terms

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:[1]

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[1]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 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.

- **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).

Hernioplasy: Hernioplasy (with mesh) and herniorrhaphy (non-mesh) are common procedures to repair a hernia.

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 Summary of Changes

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

- Symptoms were added on to the paraesophageal type ll-IV section:

  - Bloating

  - Chest pressure

  - Chronic Anemia

  - Dysphagia

  - Heartburn

  - Inability to eat well due to hernia

  - Post prandial fullness

  - Regurgitation

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Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

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