

Minimally invasive sx use up for paraesophageal hernia repair

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20.6 percent; odds ratio, 0.95) over the study period. MIS was associated with significantly reduced rates of intraoperative injury and in-hospital mortality compared with open procedures (0.6 versus 3.0 percent), and with reduced wound, bleeding, urinary, septic, respiratory, and cardiac complications. Compared with an open approach, MIS lead to significantly shorter mean length of stay (4.2 versus 8.5 days). No significant difference was seen in thromboembolic complications between MIS and open approaches.

"Our findings are consistent with prior reports of improved outcomes with MIS, and the data demonstrate widespread adoption of MIS for PEH repair on a national level," the authors write.

More information: [Abstract/Full Text](#) (subscription or payment may be required)

(HealthDay)—A minimally invasive surgery (MIS) approach is increasingly being used for paraesophageal hernia (PEH) repair, accounting for almost 80 percent of PEH repairs in 2012, according to a research letter published online Aug. 23 in *JAMA Surgery*.

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Patrick J. McLaren, M.D., from the Oregon Health and Science University in Portland, and colleagues conducted a retrospective review of inpatient admissions for PEH [repair](#) extracted from the Nationwide Inpatient Sample. Data relating to 97,393 PEH repairs were extracted from the database. The authors examined the proportion of PEH repairs performed via the MIS approach over time.

The researchers found that the proportion of MIS repairs increased from 9.8 percent in 2002 to 79.6 percent in 2012 (odds ratio, 1.66). This increase correlated with a reduction in in-hospital mortality (from 3.5 to 1.2 percent; odds ratio, 0.90) and decreased rates of any complication (from 29.8 to

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