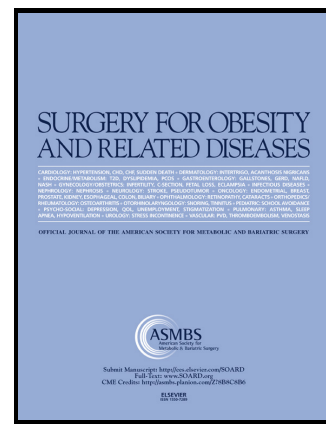


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The efficiency of preoperative Esophagogastroduodenoscopy in identifying operable hiatal hernia for bariatric surgery patients

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Background: Gastroesophageal reflux (GERD) is a symptom frequently found in obese patients, and is often related to the presence of a hiatal hernia (HH). Surgeons may evaluate for the presence of HH on Esophagogastroduodenoscopy (EGD). However, preoperative endoscopic presence or absence of a significant HH does not always correlate with intraoperative findings.

Objective: To compare the rate of detection of repairable HH between clinical, endoscopic, and intraoperative methods.

Setting: Independent, university-affiliated teaching hospital

Methods: A retrospective chart review of all consecutive patients who had undergone a primary bariatric procedure sleeve gastrectomy (VSG), gastric bypass (RGBP), or biliopancreatic diversion/duodenal switch (BPD/DS) with routine preoperative EGD in a single institution from 2009-2013 was performed. Data points included the diagnosis of GERD/heartburn/proton pump Esophagogastroduodenoscopy and hiatal hernia

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