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**CLINICAL OUTCOMES OF CONCOMITANT LAPAROSCOPIC SLEEVE
GASTRECTOMY AND CRUROPLASTY IN PATIENTS WITH MORBID
OBESITY AND HIATAL HERNIA**

Teshayev O.R, Bobosharipov F.G

Tashkent State Medical University. Tashkent. Uzbekistan



Background. Morbid obesity is frequently associated with hiatal hernia (HH) due to chronically elevated intra-abdominal pressure. Laparoscopic sleeve gastrectomy (LSG) is a premier bariatric procedure, yet it carries a recognized risk of exacerbating gastroesophageal reflux disease (GERD) if an underlying HH is left uncorrected. Therefore, evaluating the efficacy of a single-stage surgical approach is of paramount clinical importance.

Objective. To evaluate the 12-month clinical efficacy, safety profile, and reflux control of simultaneous LSG and posterior cruroplasty.

Materials and Methods. A retrospective cohort study was conducted on 43 patients with morbid obesity and concomitant HH who underwent LSG and posterior cruroplasty between 2022 and 2023. The postoperative monitoring protocol followed a structured screening schedule with clinical and instrumental assessments performed at 1, 3, 6, and 12-month intervals. Statistical significance was determined using the Pearson χ^2 test, with a threshold of $p < 0.05$.

Results. GERD Resolution: At the 1-month follow-up, 41 (95.3%) patients demonstrated complete resolution or significant mitigation of GERD symptoms, such as heartburn and regurgitation. This indicates a highly significant clinical improvement compared to preoperative status ($\chi^2 = 72.4, p < 0.001$).

Complications: Transient dysphagia was observed in 4 (9.3%) patients during the early postoperative phase. All instances were successfully managed via conservative therapy and dietary modifications within 14 days.

Long-term Follow-up: Instrumental imaging (barium swallow/endoscopy) at 12 months identified 3 (6.9%) cases of minor HH recurrence. These patients remained clinically stable with minimal symptomatic impact.

Safety Profile: No major intraoperative complications or mortalities were recorded, and the average postoperative stay was 3 ± 1 days.

Conclusion. Concomitant LSG and cruroplasty is a safe and highly effective strategy for managing morbidly obese patients with hiatal hernia. This approach yields an excellent rate of GERD symptom control (95.3%) and a low recurrence rate (6.9%), supporting its implementation as a preferred surgical paradigm to enhance postoperative quality of life.