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THE HILL REPAIR AT 5 INSTITUTIONS OVER 25 YEARS

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PURPOSE: To evaluate long-term clinical outcomes following the Hill repair for refractory gastroesophageal reflux disease (GERD) and to compare the results of surgeons directly trained by Dr. Hill (Hill centers) to those who learned the procedure independently (Independent centers).

METHODS: Retrospective cohort study of all patients undergoing the Hill repair for GERD between 1972 and 1997 at one of 5 independent North American medical centers. Objective pre- and post-operative investigations and standardized clinical outcomes were recorded. Standardized phone interview of each patient utilizing symptom improvement and overall satisfaction scales was conducted by a single independent physician. Selection for Hill repair was by surgeon preference. Outcomes between 2 Hill centers and 3 Independent Centers were compared.

RESULTS: 1181 patients were identified with adequate records and available for interview. Mean follow-up was 10 years (range 2.0-26.8). Symptomatic improvement was noted in 98%, with 93% reporting good or excellent results. Mean satisfaction score was 9.0 on a 10 point scale. Hiatal hernia was identified preoperatively by endoscopy or contrast study in 1118, with a post-operative recurrence in 77 (6.9%). Reoperation for repair failure was required in 23 patients (1.9%). There were no significant differences in outcomes between Hill Centers and Independent Centers

CONCLUSIONS: The Hill repair is an effective and durable antireflux operation, providing long-term clinical success in the vast majority of patients. Hiatal hernia recurrence and re-operative rates are low. These results are reproducible by surgeons not directly trained by Dr. Hill.