Introduction

Hiatus Hernia

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Historical Review:

Hiatal hernia was first described by Ambrose Paré as far back as 1580 ***(Lyman, 1980).*** In 1884, Postempski reported successful repair of a hiatal hernia by the transthoracic approach; one year later, six cases have been reported from his clinic ***(Lyman, 1980).***

The herniation of the stomach through the oesophageal hiatus of the diaphragm was thought to be simply a hernail problem similar to other hernias through the abdominal wall. Early surgical efforts to repair hiatal hernia emphasized anatomcial correction by bliteration of the hernia sac and narrowing of the diaphragmatic crus by Harrington, sweet, and others ***(Skinner, 1986).***

In 1951, Allison clearly described the clinical problem of gastor-oesophageal reflux with its symptoms and complications, and he noted the frequent association of reflux with hiatal hernai and emphasized the importance of the phrenico-oesophageal ligament in both conditions. Allison described a method of hiatal hernia repair involving reattachment of the phrenicooesophageal ligament, which he hoped that it would correct the problem of gastro-oesopahgeal reflxu as well but he recognized that the icnidence of persistence of reflux following repair was too high ***(Allison, 1951)***.

Thereafter, Allison, Belsey and Nissen independently and almost simultaneously developed more effective anti-reflux operations as they recognised the differences in symptoms caused by reflux compared with those caused by hiatal hernia alone. ***(Skinner, et al., 1967).***

After the success of laparoscopic cholecystectomy, ***(Dubois, et al., 1990)*** numerous minimum-access operations have gained popularity. Among the more-advanced procedures, laparoscopic Nissen fundoplication has been accepted as an appropriate investigational operation ***(Cuscheri, et al., 1993)***. Early results have demonstrated reduced morbidity and a mortality rate comparable to that to open Nissen fundoplication ***(Cuscheri, et al., 1993)***.