

A diaphragmatic hernia occurs when abdominal organs, such as the stomach or intestines, push through an opening in the diaphragm—the muscle that separates the chest from the abdomen. This can cause severe symptoms, including difficulty breathing, chest pain, acid reflux, and digestive issues. In some cases, it can be life-threatening if left untreated.

The laparoscopic approach to repairing this condition is minimally invasive, involving small incisions and the use of a camera-guided instrument.

A male patient presented a few days prior to his operation at Melomed Mitchells Plain with abdominal pain. A CT scan of the abdomen confirmed a large left-sided diaphragmatic hernia, with part of the colon, omentum, fundus of the stomach, and the pancreatic tail herniated into the left chest cavity.

Upon reviewing the patient's history, it was noted that approximately 17 years ago, he sustained a left lower back chest stab injury. At that time, he was treated with a chest drain for haemopneumothorax, but no further investigation was done to rule out a missed left diaphragmatic injury, which likely contributed to the delayed hernia presentation.

After thorough evaluation and explanation to the patient, a laparoscopic approach was chosen to safely reduce the abdominal contents and repair the hernia using mesh. The procedure took place on 6th March 2025 and was a remarkable success. The patient made a smooth recovery and was discharged on the 15th March 2025.

While this type of surgery can also be performed through the chest, laparoscopy offers a safe and minimally invasive alternative. The anaesthetist, Dr. Frank, played a crucial role during the surgery, as at one point, he had to ventilate the patient through one lung only, showcasing the high level of expertise and collaboration among the surgical team.

During the procedure, Dr. Arif skillfully repositioned the herniated organs and reinforced the diaphragm with surgical mesh, providing long-term stability and reducing the risk of recurrence.

This type of surgery is typically required for patients who:

- Have congenital or acquired diaphragmatic hernias
- Suffer from chronic acid reflux or gastroesophageal reflux disease (GERD) due to herniation
- Experience difficulty breathing or chest pain from organ displacement
- Have a paraesophageal hernia, where part of the stomach moves into the chest cavity

Successfully completing such a demanding procedure highlights the surgical capabilities and excellence at Melomed Mitchells Plain.

Dr. Arif also extended his gratitude, saying, "I would like to sincerely thank the entire theatre team and assistant surgeon for their excellent support and teamwork"

The patient's positive outcome reflects the exceptional care and multidisciplinary collaboration provided by our medical team.

For more information, contact Melomed Mitchells Plain on 021 392 3126.