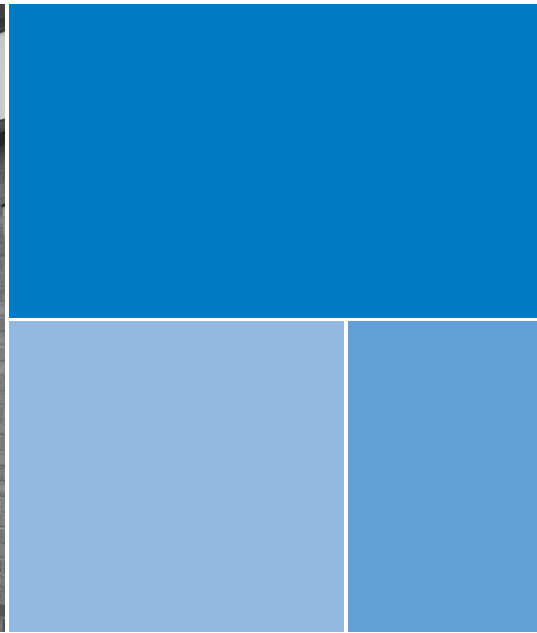


Hiatus hernia



[Patient Information](#)

What is a hiatus hernia?

A hiatus hernia can cause highly irritating stomach contents, such as acid, to move up into the oesophagus. This can cause heartburn and other problems, although in many cases a hiatus hernia causes no symptoms.

A hiatus hernia, or hiatal hernia, is when part of the stomach squeezes up into the chest through an opening ('hiatus') in the diaphragm. The diaphragm is a large, thin sheet of muscle between the chest and the abdomen (tummy).

Symptoms of a hiatus hernia

In many cases, a hiatus hernia causes no symptoms and is discovered by chance during a routine investigation. If you do however have symptoms, they can include the following:

- Severe heartburn.
- Gastro-oesophageal reflux disease (GORD), where stomach acid flows back into the oesophagus.
- Deep burning chest pain, which may affect the shoulder blades. The pain is made worse by bending forward, straining or lying down. The pain may disturb sleep and can be so severe that it is mistaken for angina or a heart attack.
- Difficulty swallowing due to constant acid irritation.

Other symptoms can include a croaky voice and symptoms of asthma.

Causes of a hiatus hernia

The exact cause of hiatus hernia is unknown, but it is more common in women and people who are over 50, smokers and those who are overweight, obese or pregnant.

It is thought that excessive coughing, vomiting, straining or sudden physical exertion can be contributing factors as they create extreme pressure on the abdomen. It is estimated that one-third of people over 50 have a hiatus hernia, possibly because the diaphragm gets weaker with age, allowing part of the stomach to push through it.

There are two types of hiatus hernia:

1. Sliding hiatus hernias are the most common (over 80%). These are small hernias that slide up and down, in and out of the chest area. The sphincter at the bottom of the oesophagus and top of the stomach pushes through the hole (hiatus) in the diaphragm.
2. Rolling or para-oesophageal hiatus hernias are less common (5-15%). Part of the stomach pushes up through the hole in the diaphragm next to the oesophagus.

A congenital problem can also be a cause of a rare type of hiatus hernia which can occur when the stomach or diaphragm does not develop properly and affects new-born babies.

Diagnosing a hiatus hernia

It may be diagnosed most commonly by an endoscopy or x-ray. An endoscope (a long, tube-like viewing instrument that contains a video camera and light source) is passed down the oesophagus (gullet) into the stomach.

X-ray will involve you swallowing a watery paste made from barium sulphate. It coats the inside of the stomach and makes it easier to see the digestive system when the x-ray is performed. Both procedures allow the doctor to check for evidence of a hiatus hernia.

Treatment

If there are no symptoms, there is no need for treatment. If you have symptoms, antacid medicines and a change of lifestyle are the preferred treatments to prevent stomach acid from flowing back into the oesophagus and improve the clearance of food from the oesophagus, reducing the amount of acid produced.

Lifestyle changes

Reflux symptoms can be prevented or reduced by:

- Eating frequent, small meals
- Avoiding foods that are hot, spicy, acidic or difficult to digest
- Losing weight, if you're overweight
- Avoiding tight-fitting clothes
- Elevating the head of the bed by four to six inches, to minimise acid regurgitation
- Stopping smoking
- Not drinking alcohol
- Avoiding eating or drinking late at night.

Antacid medicines

Such as magnesium trisilicate and magnesium carbonate can relieve some of the symptoms. They come in liquid or tablet form and are swallowed or chewed. When they get to the oesophagus and stomach, antacids help to neutralise the acid. They do not work for everyone and are not a long-term solution if symptoms persist, causing extreme pain and discomfort.

Alginates

For example gaviscon and peptac contain a foaming agent, which forms a layer that floats on top of your stomach contents. This prevents stomach acid from flowing back into the oesophagus and protects your oesophagus lining.

Acid-suppressing medicines

Reduce the amount of acid produced by your stomach. They are called histamine receptor blockers, or H2 antagonists, and include cimetidine, famotidine and ranitidine.

Proton pump inhibitors (PPIs)

Reduce the amount of acid produced by your stomach. They are usually the first treatment for gastro-oesophageal reflux disease (GORD), which can be a symptom of hiatus hernia and include omeprazole and lansoprazole.

Motility stimulants

For example domperidone and metoclopramide, speed up the rate at which your stomach empties. They also improve the squeezing of the sphincter muscle, to help stop stomach contents being brought back up into your oesophagus. Only take them when needed as they can cause side effects.

Surgery

May be an option in some cases or if medication does not relieve your symptoms. It may also be recommended for cases of GORD that do not respond to other treatments. During surgery, the stomach is put back into the correct position and the diaphragm around the lower part of the oesophagus is tightened. Surgery is commonly performed using laparoscopy (where only a small incision is made in your abdomen). The operation is not complicated and most people go home the same day.

Complications of a hiatus hernia

Ulceration and bleeding

Acid reflux may cause painful damage to the oesophagus lining and can cause ulcers and, in some cases, bleeding. Any loss of blood can lead to anaemia.

Strangulation

In rare cases, the hiatus hernia can become strangulated (knotted). This causes its blood supply to be cut off and requires emergency surgery.

Stricture

Severe and long-lasting inflammation (swelling) can cause scarring and narrowing of the oesophagus. This may cause pain and can affect your ability to swallow food.

Barrett's oesophagus

Is a rare condition that changes the cells of the lower oesophagus, increasing the risk of cancer of the oesophagus. There is a low risk of cancer of the oesophagus if you have long-term acid reflux.

Compiled from NHS Choices, July 2012 and
reviewed August 2017

www.nhs.uk/conditions/Hernia-hiatus/Pages/Introduction.aspx

Accessed 15/08/2017

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

Trust Values

Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals
So people feel **welcome**

Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care
So people feel **cared for**

Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people
So people feel **in control**

Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

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