

Hiatus Hernia

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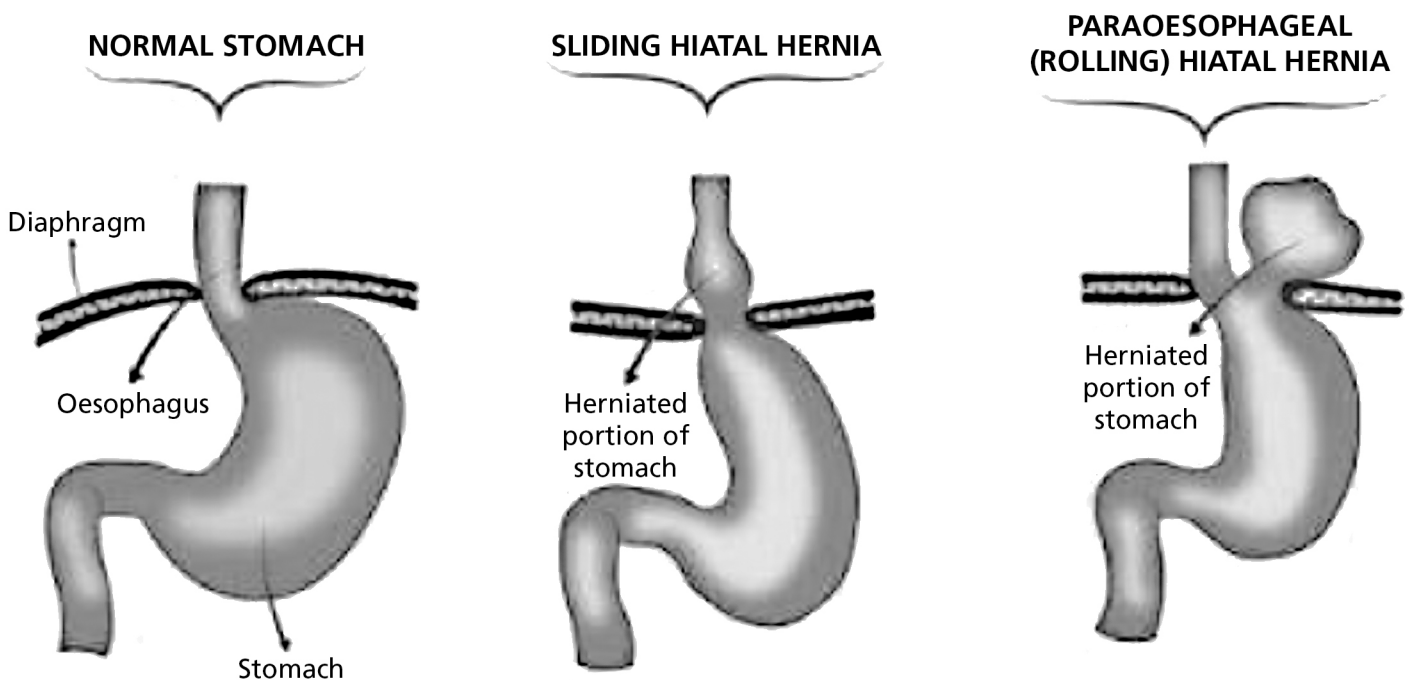
What is hiatus hernia?

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).

There are two types of hiatus hernia:

1. **Sliding hiatus hernia** is 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 hernia** is less common (5-15%). Part of the stomach pushes up through the hole in the diaphragm next to the oesophagus.

What does hiatus hernia look like?



What has caused the hiatus hernia?

The exact cause of hiatus hernia is unknown but it is more common if you are over 50, overweight, obese or pregnant. 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. It is thought that excessive coughing, vomiting, straining or sudden physical exertion can be contributing factors as they create extreme pressure on the abdomen.

How is a hiatus hernia diagnosed?

Diagnosis is made by examination of the inside of your stomach and food pipe.

Most commonly, the hiatus hernia is diagnosed by a **gastroscopy**: when a thin tube with a camera is passed through your mouth, down your food pipe into your stomach. During the examination the endoscopist will be looking for other abnormalities that could be causing your symptoms.

An alternative to gastroscopy is **CT scan or barium meal**: These are non-invasive x-ray based tests which allow the doctor to check for evidence of a hiatus hernia.

What are the symptoms of a hiatus hernia?

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

- have a painful burning feeling in your chest, often after eating (heartburn)
- bring up small amounts of food or bitter-tasting fluids (acid reflux)
- have bad breath
- burp and feel bloated
- feel or be sick
- have difficulty or pain when swallowing

Other symptoms can include a cough or hiccups that keep coming back, a hoarse voice and symptoms of asthma.

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.

What treatment is available?

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

- Sit upright at the table while eating.
- Eat small meals more frequently.
- Avoid foods that are hot, spicy, acidic or difficult to digest.
- Avoid eating or drinking late at night.
- Do not lay down immediately after eating.
- Lose weight, if you're overweight.
- Avoid tight-fitting clothes.
- Elevate the head of the bed by four to six inches, to minimise acid regurgitation.
- Stop smoking.
- Avoid alcohol.

Medication

Antacid medicines

Such as magnesium trisilicate and magnesium carbonate can relieve some of the symptoms. They come in liquid or tablet form and help to neutralise the acid in your stomach or oesophagus. They do not work for everyone and are not a long-term solution especially if symptoms persist or are 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

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

Proton pump inhibitors (PPIs)

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

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.

However, like any surgery there are risks and complications may occur.

Compiled from NHS Choices, July 2012 and reviewed November 2021

<https://www.nhs.uk/conditions/hiatus-hernia/>

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