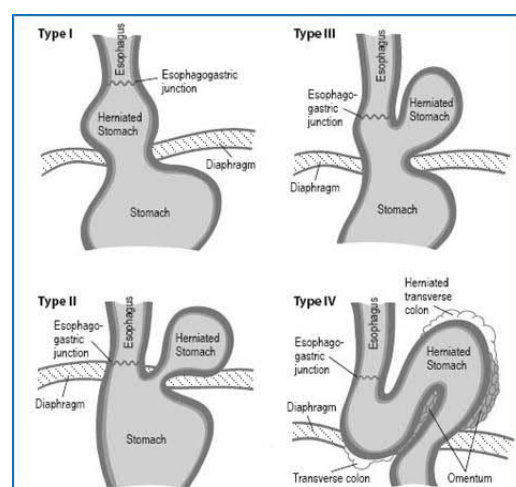


PATIENT INFORMATION

Hiatus Hernia and Repairs

What is a hiatus hernia and what causes it?

Usually, the stomach lies just below the diaphragm, with your oesophagus (food pipe) passing through an opening in your diaphragm to connect to your stomach. A hiatus hernia occurs when a part of, or all, of the stomach pushes up through this opening and so lies in the lower part of your chest. You may hear the terms 'sliding', 'rolling' and 'paraesophageal', which are different terms used to describe the type of hiatus hernia you have. Whilst the cause is not clearly known, there are several risk factors for developing a hiatus hernia, including increasing age, obesity and pregnancy, and there may also be a genetic element to it.



What symptoms may this cause?

Many people will actually experience no symptoms at all. If people do experience symptoms they are usually those of reflux – heartburn, an acid taste in the mouth, bloating, belching and nausea. These symptoms occur because the hernia causes the usual mechanisms that prevent stomach acid from passing up your gullet to not function properly. Other symptoms that may occur include a cough, breathlessness, difficulty swallowing or severe chest pain.

Do I need any investigations?

An endoscopy, where a camera on a thin tube is passed down your oesophagus, is the usual method of diagnosis and quite often these hernias are picked up incidentally during an endoscopy.

What are the treatment options?

Changes in your lifestyle can help symptoms, including losing weight (if overweight), raising the head of your bed, avoid eating too close to bedtime, and eating smaller meals may also be helpful. Having a normal weight and quitting smoking can cure reflux.

Some medications are available to help with the symptoms of reflux. The main options include a proton pump inhibitor (eg: omeprazole), H-2 receptor antagonists (eg: ranitidine), or antacids (eg: gaviscon).

If you have symptomatic reflux it is recommended that you see an upper GI surgeon to discuss whether surgery would be appropriate for you. This can be an option if you would rather not take lifelong medications. It is also recommended for those with more severe symptoms not controlled by medications, and for those with larger hernias. The operation aims to fix the stomach back in its usual position, and to improve the mechanisms that help prevent reflux. It is usually done via keyhole surgery, and the use of a laparoscope – a thin camera inserted through one of the keyholes. The current operation of choice is a ‘laparoscopic fundoplication’, which involves a part of the stomach (fundus) being loosely wrapped around the oesophagus to keep it in place. Occasionally the operation will need to be done via an open procedure, which requires a larger cut into the abdomen.

What happens after surgery?

In the weeks after your surgery, you will slowly go from a fluid diet, up to a sloppy then soft diet, before hopefully being back on a normal diet by 6 weeks. With larger hiatus hernias, there is always the risk of the hernia happening again, and requiring a repeat operation.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.