

Hiatus Hernia

Endoscopy Department

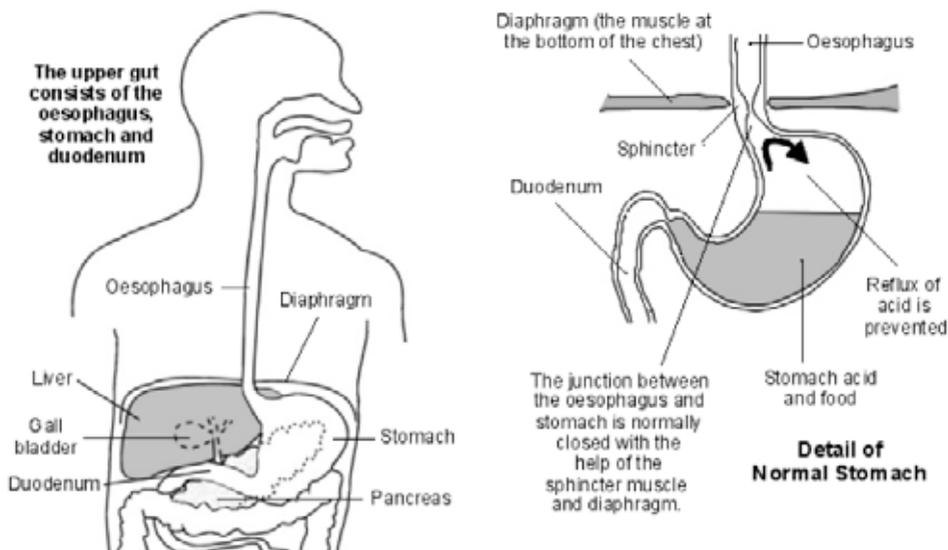


Patient information leaflet

You will only be given this leaflet if you have been diagnosed with a hiatus hernia. The information below outlines normal anatomy, conditions, causes and the treatment.

Understanding the upper gut

The gut (gastrointestinal tract) is the tube that starts at the mouth and ends at the back passage (anus). The upper gut includes the gullet (oesophagus), stomach and the first part of the small intestine (the duodenum). Food passes down the oesophagus into the stomach. The stomach makes acid which is not essential but helps to digest food. After being mixed in the stomach, food passes into the duodenum to be digested.



The walls of the stomach contain muscle. At the junction of the stomach and the oesophagus there is a thickened area of muscle which is called a sphincter. The sphincter acts like a valve. When food comes down the oesophagus into the stomach, the sphincter relaxes. However, it closes at other times to stop food and acid in

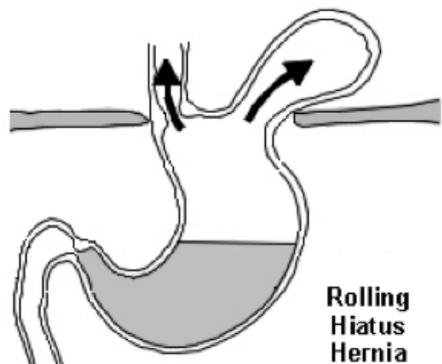
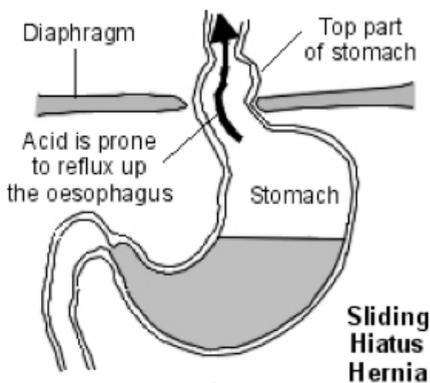
the stomach refluxing back into the oesophagus. The diaphragm is a large flat muscle that separates the lungs from the abdomen. It helps us to breathe. The oesophagus comes through a hole (hiatus) in the diaphragm just before it joins to the stomach. Normally, all of the stomach is below the diaphragm in the abdominal cavity.

What is a hiatus hernia?

A hiatus hernia occurs when part of the stomach protrudes through the diaphragm into the chest.

Types of hiatus hernia:

- **Sliding hiatus hernia** is the most common type. In this situation, the sphincter muscle at the bottom of the oesophagus and the top of the stomach slides through the hole in the diaphragm, in and out of the lower chest. It is often quite small.
- **Para-oesophageal hiatus hernia (also called a Rolling hiatus hernia)** is less common. In this situation, part of the stomach protrudes up through the hole in the diaphragm next to the oesophagus. Other organs from the abdomen can also protrude through the hole in some cases. This could be the pancreas, the spleen or the small/large intestine. This is the least common hiatus hernia. It is more risky, as there is more chance the organs protruding through can get stuck, causing a blockage (obstruction).



What are the symptoms?

Many people with a hiatus hernia have no symptoms, however symptoms can include:

Acid reflux symptoms

The hernia itself does not cause symptoms. However, if you have a hiatus hernia, the mechanisms that normally prevent stomach acid from refluxing into the gullet (oesophagus) may not work so well. The sphincter muscle may not work properly. The normal pressure of the diaphragm muscle on the oesophagus is lost. Therefore, you are more prone for acid in the stomach to reflux into your oesophagus. The refluxed acid can cause inflammation of the lower part of the oesophagus, called oesophagitis. Symptoms of this include heartburn, pain in the upper abdomen and chest, feeling sick, an acid taste in the mouth, bloating, belching and a burning pain when you swallow hot drinks. These symptoms tend to come and go and tend to be worse after a meal and/or at night.

Some uncommon symptoms may occur

If any of these symptoms occur, it can make the diagnosis difficult, as these symptoms can mimic other conditions. For example, a persistent cough, particularly at night may sometimes occur. This is due to the refluxed acid irritating the windpipe (trachea). Other mouth and throat symptoms sometimes occur such as gum problems, bad breath, sore throat, hoarseness and a feeling of a lump in the throat.

What causes a hiatus hernia?

The exact number of people with a hiatus hernia is not known, as many people with a hiatus hernia do not have symptoms. They are, however, thought to be common. Some studies suggest that up to a quarter of people being investigated for indigestion (dyspepsia) are discovered to have a hiatus hernia.

The cause of hiatus hernia is not clear. It is thought that most develop in people over the age of 50 years. It may be that the diaphragm muscle weakens with age. This allows part of the stomach to protrude

through the hole in the diaphragm. Factors which increase the pressure in the abdomen, such as regular coughing, repeated lifting of heavy objects, or obesity, may increase the risk of developing a hiatus hernia.

Can I make any lifestyle changes?

- **Smoking cessation:** The chemicals from cigarettes relax the circular band of muscle (sphincter) at the bottom of the oesophagus and make the acid leaking up (refluxing) more likely.
- **Posture:** Lying down or bending forward a lot during the day encourages reflux. Sitting hunched, wearing tight clothing or corsets may put extra pressure on the stomach which may make any reflux worse.
- Raising the head end of the bed may help reduce symptoms at night.
- **Weight:** If you are overweight it puts extra pressure on the stomach and encourages acid reflux. Losing weight may ease the symptoms.

What are the treatment / management options?

If you have no symptoms, in most cases you do not need any treatment. If changing your lifestyle does not help, the following treatments may be offered:

1. Antacids

Antacids are alkaline liquids or tablets that reduce the amount of acid. A dose usually gives quick relief. There are many brands which you can buy. You can also get some on prescription. You can use antacids 'as required' for mild or infrequent bouts of heartburn.

- **Risks:** Some people may develop side effects to medications, if you are uncertain, contact the endoscopy unit or your GP.

2. Acid-suppressing medicines

If you get symptoms frequently then see a doctor. An acid-suppressing medicine will usually be advised. Two groups of acid-suppressing medicines are available - proton pump inhibitors (PPIs) and histamine receptor blockers (H2R blockers). They work in different ways but both reduce (suppress) the amount of acid that the stomach makes.

- **Risks:** Some people may develop side effects to medications, if you are uncertain, contact the endoscopy unit or your GP.

Are there any alternative treatments?

Surgery

An operation can 'tighten' the lower oesophagus to prevent acid leaking up from the stomach. It can be done by 'keyhole' surgery. In some cases, the success of surgery is no better than acid-suppressing medication. However, surgery may be an option for some people whose quality of life remains significantly affected by their condition and where treatment with medicines is not working well or not wanted long-term.

- **Risks:** Please talk to your consultant or GP to discuss benefits and risks.

Reference

- <https://patient.info/health/acid-reflux-and-oesophagitis/hiatus-hernia>

Contact details

If you require further information or advice, please feel free to contact us.

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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