

HIATAL HERNIA



BASIC INFORMATION

DESCRIPTION

A part of the stomach protrudes (pokes) through the diaphragm into the chest. The diaphragm is a thin muscle between the chest and the stomach. The esophagus (the tube from the mouth) connects to the stomach through an opening in the diaphragm called the hiatus. A hiatus may become weak and allow part of the stomach to push up through the weak area and into the chest. This becomes a hiatal hernia. It is a common problem, and it often affects older persons, especially women.

FREQUENT SIGNS AND SYMPTOMS

Hiatal hernias do not usually cause symptoms. A person with a hiatal hernia may be more likely to have reflux or it may make existing reflux worse. Reflux occurs when stomach acid backs up into the esophagus. This can lead to heartburn symptoms such as burning in the chest after a meal.

CAUSES

A person may be born with a hiatal hernia or develop one as they get older. An injury or surgery may lead to the problem also.

RISK INCREASES WITH

- Muscle weakness and loss of elasticity (ability of muscles to stretch and regain shape) due to aging.
- Injury or surgery of the diaphragm.
- Obesity.
- Lifting or straining.
- Pregnancy (it increases pressure in the abdomen).
- Ascites (excess fluid in the abdomen).
- Smoking.

PREVENTIVE MEASURES

There are no specific preventive measures.

EXPECTED OUTCOMES

Reflux and heartburn symptoms can usually be relieved with treatment.

POSSIBLE COMPLICATIONS

- Esophageal complications.
- Gastroesophageal reflux disease (GERD).



DIAGNOSIS & TREATMENT

GENERAL MEASURES

• Your health care provider will usually do a physical exam and ask about your symptoms and eating habits. Medical tests may include x-rays of the esophagus and stomach. An endoscopy (the passing of a tube with a camera on the end into the esophagus) may be done.

- The goals of treatment are to relieve any reflux symptoms and to manage and prevent complications.
- Raise the head of your bed 4 to 6 inches. This allows gravity to keep stomach acid away from the hernia.
- Don't smoke. Find a way to stop that works for you.
- Don't wear tight pantyhose, girdles, belts, or pants.
- Don't strain with bowel movements or urination.
- Surgery to repair the hernia may be recommended for certain patients with complications of GERD or other health problems, such as chronic lung disease. Some repairs can now be done by laparoscopy.

MEDICATIONS

- Antacids in table or liquid form. These are most effective for some persons when they take them 1 hour before meals and at bedtime. Others find them more helpful 1 to 2 hours after meals and at bedtime. Try both ways to find the best schedule for you.
- Use stool softeners to prevent constipation.
- Nonprescription or prescription drugs called H2-receptor blockers or proton pump inhibitors are often prescribed for symptoms.
- Drugs that help the stomach empty more quickly may be prescribed.

ACTIVITY

Don't bend over or lie down right after a meal.

DIET

- Avoid large meals. Eat 6 small meals a day instead. Eat slowly. Don't eat anything 1 to 2 hours before bedtime.
- A diet with more fiber may help prevent constipation.
- Lose weight, if you are overweight.
- Avoid alcohol, caffeine-containing drinks (coffee, tea, cocoa, cola drinks), and any other food, juice, or spice that may cause symptoms.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of heartburn.
- Call immediately if pain occurs along with shortness of breath, sweating, or nausea.
- You vomit blood or have recurrent vomiting.
- Fever occurs.
- Symptoms don't improve in 1 month with treatment.

Special notes:

More notes on the back of this page