Hiatus Hernia/Gastro-Oesophageal Reflux

What is a hiatus hernia?

Hiatus hernia is when part of the stomach slides through the diaphragm into your chest. Hiatus hernias are common in people over 50. Often they won't cause any problems, but can give you pain and heartburn.

There are two types of hiatus hernia:

- **Sliding hiatus hernia** – the most common type. These are small hernia that slide up and down and in and out of the lower chest. The sphincter at the bottom of the oesophagus and the top of the stomach push through the hole (hiatus) in the diaphragm.

- **Rolling hiatus hernia** – This is less common. Part of the stomach pushes up through the hole in the diaphragm next to the oesophagus.

Symptoms

The main symptoms of a hiatus hernia are:

- Severe heartburn. If heartburn or reflux symptoms go on for a long time or are severe, this is called gastro-oesophageal reflux disease (GORD)
- Deep burning chest pain, which may include the shoulder blades. The pain is made worse by bending forward, straining or lying down. Drinking coffee or other hot drinks, or eating spicy food can make these symptoms worse. The pain may disturb sleep and may be so severe as to be mistaken for angina or a heart attack
- Difficulty swallowing due to constant acid irritation

Other symptoms can include a croaky voice and asthma symptoms.
However in many cases a hiatus hernia causes no symptoms and is diagnosed by chance during routine investigation.

**Causes**

The exact cause of hiatus hernia is uncertain, but is more common in people who are:

- Over 50
- Smokers
- Overweight or obese
- Pregnant

It is thought that physical efforts e.g. excessive coughing, vomiting, straining or sudden physical exertion can be a contributing factor of hiatus hernia as it creates extreme pressure in the abdomen.

It is estimated that a third of people over 50 have a hiatus hernia, possibly due to the diaphragm getting weaker with age, allowing part of the stomach to push through.

**Treatment**

**Self-help**

You can reduce the symptoms of your sliding hiatus hernia and prevent it causing you more problems by making these lifestyle changes:

- eat small frequent meals rather than occasional large meals
- try not to have spicy foods, coffee and alcohol as these can make your symptoms worse
- don't go to bed on a full stomach
- wear loose-fitting, comfortable clothes
- if you smoke, try to stop - smoking increases the risks of reflux problems
- lose weight if you are overweight or obese
- sleep with the head end of the bed raised by about 10cm

**Over-the-counter medicines**

**Antacids**
Antacids can be taken either in liquid or tablet form. Those containing magnesium or aluminium generally work by neutralising the stomach acid. Others contain an ingredient called an alginate, which forms a barrier that floats on the top of the stomach contents and prevents them splashing back up into the oesophagus. Many of the antacids contain a mixture of ingredients.

**Acid-blocking medicines**

If antacids don't work for you, or you need to take large quantities to get relief, your doctor or pharmacist may recommend one of the more powerful acid-blocking medicines. H2 blockers are one type of over-the-counter medicines that cut the amount of acid that the stomach produces. Examples are famotidine (Pepcid Two) and ranitidine (Zantac). Another type of medicine, known as a proton-pump inhibitor, completely stops acid production. An example is omeprazole (Zanprol) which can be bought over the counter.

**Surgery**

Rarely, a sliding hiatus hernia causes such severe symptoms or complications that your doctor will recommend surgery. If you have a rolling hiatus hernia, you are more likely to need surgery. Surgery involves pushing the stomach back into the correct position and securing it there, before repairing any gap in the diaphragm. The procedure can usually be done by keyhole surgery although open surgery (through a cut in the abdomen) is sometimes needed.

**Prevention**

Symptoms can be prevented or reduced by:

- Eating frequent small meals
- Avoiding foods that are hot, spicy, acidic or difficult to digest
- If overweight, losing weight will help minimise the symptoms
- Avoiding tight fitting clothes
- Elevating the head of the bed by 4-6 inches to minimise acid regurgitation
- Stopping smoking and drinking alcohol
- Avoiding eating or drinking late at night

**Complications**

Acid reflux may cause painful damage or ulceration to the gullet lining. In some cases, it can cause bleeding and anaemia may result from blood loss.

Rarely the hiatus hernia can become strangulated (knotted) cutting off blood supply and require emergency surgery.
Severe and long-lasting inflammation can cause scarring and narrowing of the oesophagus which may cause pain and affect the ability to swallow food properly. This is called a stricture.

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.