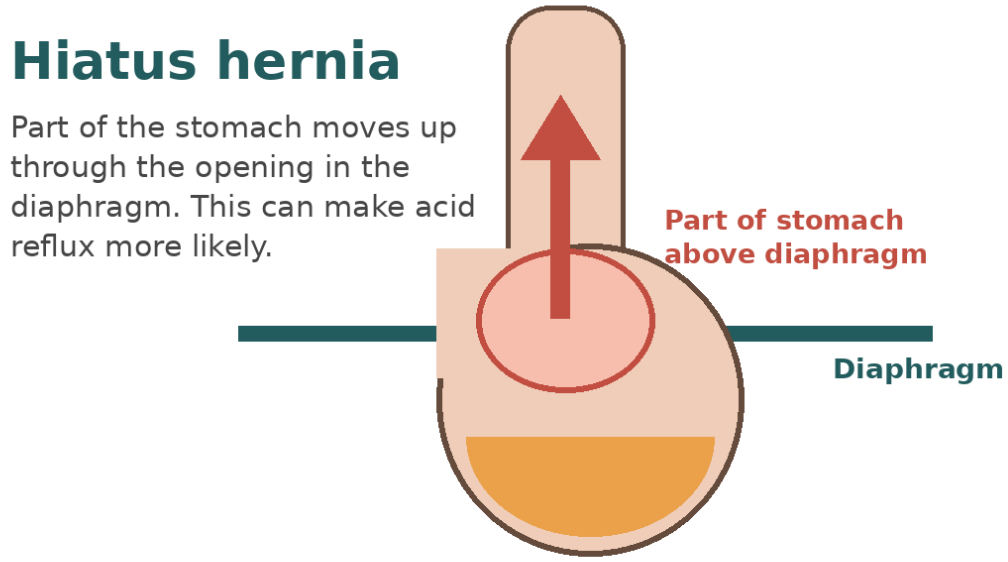
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Hiatus Hernia

Understanding the condition and managing reflux symptoms



What is a hiatus hernia?

A hiatus hernia occurs when part of the stomach moves upwards through the natural opening in the diaphragm into the chest. Many hiatus hernias cause no symptoms and need no treatment. In some people, however, a hiatus hernia makes gastro-oesophageal reflux (GORD) more likely.

Typical reflux symptoms

Heartburn or burning behind the breastbone, acid or food coming back into the mouth, a sour taste, belching, bloating, nausea, throat irritation, cough or hoarseness. Symptoms are often worse after meals, when bending over, or when lying flat.

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Lifestyle measures that can reduce reflux

Eat smaller meals
Large meals stretch the stomach and can worsen reflux. Smaller, more frequent meals may be better tolerated.

Avoid late meals
Try not to eat for 3-4 hours before going to bed.

Identify your own triggers
Only restrict foods that clearly worsen your symptoms. Common triggers include alcohol, coffee/caffeine, chocolate, fatty foods, spicy foods, tomatoes and acidic drinks.

Weight management
If you are carrying excess weight, gradual weight loss can significantly improve reflux symptoms.

Night-time symptoms
Raise the head end of the bed by about 10-20 cm using blocks or a suitable wedge. Extra pillows alone are usually less effective.

Smoking, alcohol & clothing
Stop smoking if possible, limit alcohol, and avoid tight clothing around the waist. Avoid bending or lying down soon after meals.

Medicines that can help reflux symptoms
The examples below are brands available in Ireland. Availability can change. Always follow the pack instructions or your prescription, and ask a pharmacist or doctor if you take other medicines, are pregnant, or have significant kidney, liver or other medical problems.

Antacids - quick, short-term relief
These neutralise stomach acid and are useful for occasional symptoms. Irish examples include Rennie® (for example Rennie Spearmint®). Antacids can affect absorption of some other medicines, so doses may need to be separated.

Alginates - useful after meals and at night
Alginates form a protective 'raft' over stomach contents and reduce reflux into the oesophagus. Irish examples include Gaviscon® and Gaviscon Advance® (liquid or chewable formulations).

Proton pump inhibitors (PPIs) - for frequent reflux
PPIs reduce stomach acid and are the main medical treatment for frequent GORD. Examples include omeprazole (Losec Control®), esomeprazole (Nexium Control®), and prescription PPIs such as pantoprazole or lansoprazole. A typical initial course for GORD is often 4-8 weeks. Take them as directed; many work best when taken before food.

H2-receptor antagonists

These reduce acid production and may be useful in selected patients. Famotidine is an example. Pepcid Duo® is available in Ireland and contains famotidine together with antacid ingredients.

If you need reflux medicine regularly

Persistent symptoms should be reviewed rather than simply continuing over-the-counter treatment indefinitely. Your doctor may recommend a PPI course, longer-term treatment, or further investigation. If a long-term PPI is no longer needed, reducing it can sometimes cause temporary rebound acid symptoms, so discuss a step-down plan with your doctor or pharmacist.

Does a hiatus hernia need surgery?

Most hiatus hernias do not require an operation. Surgery is generally considered only when reflux symptoms are significant and troublesome despite appropriate lifestyle measures and medical treatment, or when there is another important reason to repair the hernia.

Further assessment is required before surgery

A surgical decision should not be based on the presence of a hiatus hernia alone. Patients with significant or persistent symptoms usually need specialist assessment to confirm that reflux is the cause of the symptoms and to understand the anatomy and function of the oesophagus. Depending on the individual, assessment may include gastroscopy, reflux (pH/impedance) monitoring, oesophageal manometry and/or imaging.

What operations may be considered?

The most established operation is laparoscopic (keyhole) hiatus hernia repair combined with an anti-reflux procedure called a fundoplication. The stomach is brought back below the diaphragm, the opening in the diaphragm is repaired, and the upper stomach is wrapped partly or fully around the lower oesophagus to strengthen the anti-reflux barrier.

Other anti-reflux procedures may be appropriate in selected patients and specialist centres. The choice depends on the size and type of hernia, severity of proven reflux, swallowing function, previous surgery, general health and patient preference.

Important balance of benefits and side effects

Surgery can improve well-selected patients with troublesome, objectively confirmed reflux, but it is not a guarantee that all symptoms will disappear. Possible effects after fundoplication include temporary or persistent difficulty swallowing, bloating, reduced ability to belch or vomit, increased wind, and recurrence of reflux or the hernia. These risks and expected benefits should be discussed with an upper gastrointestinal surgeon.

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When should I seek medical advice?

Arrange medical review if:

Reflux is occurring most days for 3 weeks or more; symptoms are worsening; lifestyle changes and appropriate medicines are not controlling symptoms; or symptoms recur quickly when treatment is stopped.

Seek prompt assessment if you have:

Difficulty or pain when swallowing; food sticking; unexplained weight loss; persistent or repeated vomiting; vomiting blood; black, tarry stools; significant upper abdominal pain; or severe/worsening symptoms.

Chest pain

Do not assume new or severe chest pain is reflux. Seek urgent medical help for unexplained chest pain, particularly if it is heavy or tight, occurs with exertion, or is associated with breathlessness, sweating, nausea, dizziness, or pain spreading to the arm, jaw, back or shoulder.

Key points to remember

- A hiatus hernia is common and may cause no symptoms.
- When it causes reflux, lifestyle measures and acid-suppressing medicines are usually the first treatments.
- Brand examples in this leaflet are provided to help patients recognise commonly available Irish products; they are not endorsements.
- Surgery is mainly for carefully selected people with significant symptoms after appropriate assessment - not simply because a hiatus hernia is present.

Sources: HSE guidance on hiatus hernia and heartburn/acid reflux; current Irish medicines information from medicines.ie (including Gaviscon Advance, Rennie, Losec Control, Nexium Control and Pepcid Duo).

This leaflet provides general information and does not replace individual medical advice.

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