



Hiatal Hernia

WHAT IS IT?

Hiatal Hernia results from a weakness in part of the breathing muscle called the diaphragm. This weakness in the muscle allows part of the stomach to pass through the diaphragm into the chest (see picture below). There are three types of hiatal hernia:

- ❖ Sliding hernia - both stomach and the attached part of the esophagus slip into the chest. This is the most common type.
- ❖ Rolling hernia - part of the big curve of the stomach rolls through the opening
- ❖ Mixed hernia - some of the features of the other two types

WHAT CAUSES IT?

The risk of developing Hiatal Hernia increases with age, and women develop it more often than men. Causes include:

- ❖ weak esophageal muscles which can result from aging, cancer, injury, certain surgeries, or an inherited flaw in formation of the diaphragm.
- ❖ increased abdominal pressure that occurs during bending, straining, coughing, extreme physical exertion, or wearing tight clothing that can cause the stomach and esophagus to push into the chest.
- ❖ increased abdominal fluid accumulation, pregnancy, and obesity can also contribute.



WHAT ARE THE SYMPTOMS?

- ❖ Sliding hernia: Symptoms may vary from none to gastric reflux (movement of acidic stomach contents into the esophagus).

Typical symptoms, when they do occur, may include:

- ❖ heartburn 1-4 hours after eating which increases with lying down
- ❖ belching
- ❖ abdominal pressure
- ❖ possible vomiting
- ❖ high-chest pain (due to stomach acid back-up, stomach swelling, and spasm) which is worse with lying down, belching, and abdominal pressure. More common after meals or at bedtime.
- ❖ Rolling hernia: usually does not produce symptoms because it rarely causes a backflow of acid. Often discovered during x-rays for other reasons.

Typical symptoms may include:

- ❖ sense of stomach or chest fullness that may appear to be heart-related (angina).

HOW IS IT TREATED?

Once the diagnosis is made with the help of an endoscope to examine the esophagus and take a sample (biopsy) to test for cancer or other growths, the aim of treatment is to control symptoms and prevent complications.

- ❖ dietary changes:
 - ❖ avoid eating large meals
 - ❖ avoid drinking lots of fluids with meals
 - ❖ avoid spicy foods



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- ❖ Lifestyle changes:
 - ❖ Sit up during and from 30 to 60 minutes after eating
 - ❖ don't eat three hours before bedtime
 - ❖ lose weight if overweight
 - ❖ avoid tight clothing
 - ❖ stop smoking.

- ❖ Medications:
 - ❖ anti-nausea
 - ❖ antacid
 - ❖ cough suppressants
 - ❖ stool softners



DANGER SIGNS/WHEN TO  CALL THE DOCTOR

Signs and symptoms of incarceration (trapping part of stomach and/or esophagus in the chest):

- ❖ high-chest pain that doesn't go away with treatment
- ❖ sense of pressure, fullness, shortness of breath
- ❖ nausea and/or vomiting when eating

Signs and symptoms of stangulation (cutting off of blood supply to the parts trapped in the chest):

- ❖ moderate to severe chest pain or spasm with radiation to back, shoulder or arm
- ❖ temperature above 100.5° F
- ❖ bleeding
- ❖ rapid heart beat (tachycardia)

Surgery may be required to release the organs and reinforce the muscle which allowed the herniation (pushing into the chest) of the organs.



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RESOURCES

American College of Gastroenterology hot line at 1-800-HRT-BURN
National Digestive Disease Information Clearinghouse 301-654-3810