

## Hiatus Hernia

A hiatus hernia occurs when there is a weakness in the lower esophageal sphincter (LES) at the end of the diaphragm. This weakness allows the stomach to slide up and down through the diaphragm. The diaphragm is a sheet of muscle that separates the lungs from the abdomen. When a person takes a deep breath, the dome-shaped diaphragm contracts and flattens. In doing this, the diaphragm pulls air into the lungs. The left diaphragm contains a small opening which the esophagus passes through. Normally this hole, called a hiatus, is small and fits tightly around the esophagus, but in patients with a hiatus hernia, this has weakened and enlarged.

### *What causes hiatus hernia?*

It is not known why this occurs. It may be due to heredity, while in others it may be caused by obesity, exercises such as weight lifting, or straining at stool. Whatever the cause, a portion of the stomach herniates, or moves up, into the chest cavity through this enlarged hole.

### *What are the different types of hiatus hernia?*

1. Sliding hiatus hernia- This is the most common type of hiatus hernia, the herniated portions of the stomach slides back and forth, into and out of the chest. These hernias are normally small and usually cause no problems or symptoms.
2. Fixed hiatus hernia- The upper part of the stomach is caught up in the chest. Even with this hernia, there may be few symptoms. However, the potential for problems in the esophagus is increased.
3. Complicated/Serious Hiatus Hernia- This type is uncommon. It includes a variety of patterns of herniation of the stomach including cases in which the entire stomach moves up in the chest. There is a high likelihood that medical problems will occur with this hernia and treatment, frequently involving surgery.

### *Symptoms*

In most patients, hiatus hernias cause no symptoms. When symptoms occur, they may be heartburn and reflux. Some patients with fixed hiatus hernias experience chronic reflux, producing scarring and narrowing in the esophagus making swallowing difficult.

### *Diagnosis*

Diagnosis is made through an upper GI x-ray or an upper intestinal endoscopy. During an endoscopy, patients are lightly sedated while a light flexible scope examines the esophagus and stomach.

### *Complications*

- Reflux esophagitis, chronic reflux and inflammation
- Anemia due to chronic bleeding of the lower esophagus
- Scarring and narrowing of the lower esophagus causing difficulty in swallowing
- Difficulty breathing
- Chest pain

## ***Treatment***

Treatment is only necessary when the hernia results in symptoms, such as reflux. Lifestyle changes can help decrease symptoms of reflux.

- Avoid eating within three hours of bedtime.
- Stop smoking and/or nicotine
- Avoid fatty foods.
- Avoid chocolate, peppermint, spearmint, caffeine, citrus fruits and juices, tomato products, and spicy foods.
- Consume smaller portions at mealtime.
- Avoid tight fitting clothing
- Sit up at least one hour after eating.
- Go on a short walk following meals.
- Elevate the head of the bed 6-8 inches.
- Lose weight, if overweight.

Prescription drugs may be an option to decrease the secretion of stomach acid. These medications are not prescribed for all patients.

Although rare, surgery may be necessary. This usually occurs on an emergency basis and is rare for most cases.