

# Hiatal Hernia

A hiatal hernia occurs when the upper part of the stomach protrudes upward into the chest cavity.

Normally, the stomach is positioned entirely in the 'abdominal cavity' below the *diaphragm* (the muscle that separates the chest from the abdomen). The oesophagus (the "food pipe") passes through a small opening in this muscle, known as the `hiatus`, to reach the stomach.

In patients with a hiatal hernia, this opening weakens or enlarges, allowing the top of the stomach to push through the hiatus, into the chest cavity. This makes it easy for stomach contents to reflux back into the oesophagus, causing symptoms of heartburn.

## What causes Hiatal Hernia?

A hiatal hernia is often the result of weakened muscle tissue. Common contributing factors include:

- Age-related changes: The diaphragm can naturally weaken as we get older.
- Increased in abdominal pressure: Persistent pressure from coughing, vomiting, straining during bowel movements, or lifting heavy objects can contribute to development of hiatal hernia over time.
- Pregnancy or Obesity: Both conditions put significant upward pressure on the stomach and diaphragm.
- Injury: Trauma to the area or certain types of surgery can lead to development of hiatal hernia.

## How common is it to have Hiatal hernia?

Hiatal hernia is very common and appears to get more prevalent with age. It is also more common in men than women.

- About 50% of people in their 50s have some degree of hiatal hernia (usually small, and doesn't cause any symptom)
- This is especially a common finding at the time of gastroscopy, performed for people with symptoms of indigestion.

Most patients, especially with small hiatal hernia have no symptoms, and do not require any specific treatment.

## What symptoms are caused by Hiatal Hernia?

Many people with a small hiatal hernia experience no symptoms at all.

However, if a larger hernia is present, it can allow food and acid to "back up" into the oesophagus, leading to:

- Heartburn: A burning sensation in the chest, often after eating or lying down.
- Regurgitation: Food or sour liquid coming back up into the throat.
- Difficulty swallowing (Dysphagia)
- Chest or abdominal discomfort: Often felt in the "pit" of the stomach.
- Shortness of breath: Large hernias can occasionally put pressure on the lungs in chest cavity.

## How can I manage symptoms of Hiatal Hernia?

Most of the symptoms of Hiatal Hernia are related to reflux. Lifestyle measures focus on reducing acid backing up in to Oesophagus, and reducing pressure on stomach:

- Eat smaller meals: Avoid overfilling the stomach to reduce upward pressure.
- Avoid lying down for at least 3 hours after eating. Elevate the head of your bed by 15–20cm using a foam wedge or blocks.
- Limit "relaxant" foods such as caffeine, alcohol, chocolate, and fizzy drinks
- Losing weight: Reducing excess weight significantly lowers the pressure on your diaphragm.
- Avoid tight clothing around chest or abdomen.
- Stop smoking - smoking worsens acid reflux.
- If symptoms are worse overnight, research suggests that lying on the left side can help some people.

**Medications:** If symptoms of reflux are significant, and not responsive to life-style interventions, medications to reduce acidity in stomach (such as Proton pump inhibitors (PPI), or H2 receptor blockers) are prescribed.

**Surgery:** Most patients with Hiatal hernia do not require surgery. However, if a hernia is very large, causing severe symptoms, or at risk of becoming "strangulated" (twisted), surgical repair to pull the stomach back into the abdomen and tighten the hiatus may be needed.

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