



Medicine for Managers

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Hiatus Hernia

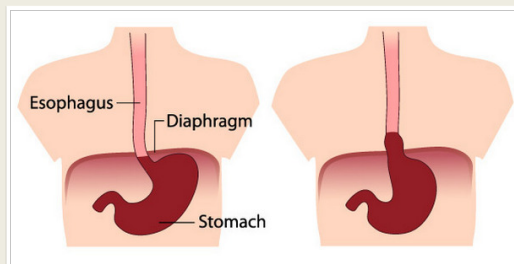
Hiatus hernias are extremely common and as many as half of the adult population may have one. Many people do not have any symptoms. They occur when part of the stomach lining slides upwards into the chest through a weakness in the diaphragm. If symptoms do develop, there are actions and treatments which are usually effective. They commonly affect individuals over the age of 50.

The anatomy of the formation of a hiatus hernia is as follows.

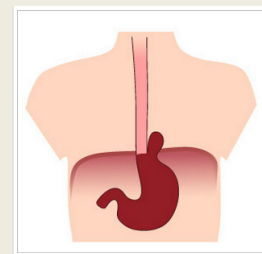
Food is transmitted from the mouth to the stomach through the oesophagus. It passes through the diaphragm which separates the chest from the abdomen.

The normal healthy oesophagus does not contain any acid stomach contents.

The two structures are separated by the gastro-oesophageal junction. If part of the stomach slides through the diaphragmatic opening (the hiatus), it allows acid to pass back up the oesophagus to provide hiatus hernia symptoms.



A relatively small number of people have a **rolling hiatus hernia**. In this type, a part of the stomach passes through the diaphragm and up into the chest, where it lies alongside the oesophagus.



Factors causing a Hiatus Hernia

There are a number of factors which may make the development of a hiatus hernia more likely;

- Obesity. The pressure in the abdomen is increased, resulting in the stomach being pushed upwards against the diaphragm and into the chest cavity.
- Increasing age. As people age, the diaphragmatic structures become weaker and may permit sliding.
- Other factors increasing pressure within the abdomen
 - Pregnancy
 - Other enlarged organs or tumours
 - Long standing cough

- Heavy lifting or straining at stool.
- Previous abdominal surgery

Symptoms of Hiatus Hernia

Many people do not have any symptoms with a hiatus hernia. They may be found on, for example, gastroscopy, but are incidental and not of significance.

Other patients develop reflux of the stomach acid into the oesophagus (a condition called ***gastro-oesophageal reflux disease [GORD]***). This can result in:

- Heartburn, felt in the chest and often aggravated by bending, lying or lifting something heavy. It also tends to occur following filling of the stomach with food.
- Acid reflux into the mouth resulting in a sour taste. This is more likely to occur when lying down.
- Chest pain
- Nausea and feeling bloated with belching
- The development of a cough or wheezing, particularly at night, the result of laryngeal irritation by the acid.
- Burning pain when swallowing hot drinks

The symptoms may occur on a daily basis or may be intermittent, associated with, for example, a particularly large meal, alcohol consumption or feeling stressed.

Diagnosis of Hiatus Hernia

Many people who have mild and intermittent symptoms are able to control their symptoms with the use of over-the-counter remedies such as *Gaviscon* or other similar products. However,

if the symptoms are more frequent or persistent, a consultation with a GP may result in a referral to a ***gastro-enterologist*** for an examination and further investigation.

Following an assessment, further tests may be carried out:

- Chest X-ray, to exclude other causes of the symptoms
- Barium swallow. This test has been used for many years but is now only undertaken occasionally. A solution of barium, which is radio-opaque, is swallowed by the patient and x-rays are taken which outline the oesophagus and the stomach.
- Gastroscopy. This is usually the examination of choice. A flexible tube is passed down the oesophagus and into the stomach. It enables visualisation of the presence and extent of a hernia and any associated damage to the oesophagus caused by the acid reflux.

Treatment of Hiatus Hernia

For many people, hiatus hernia symptoms are relatively mild and can be controlled, reduced or even eliminated by simple management:

- Lose weight
- Avoid food and drink which aggravates symptoms
- Avoid large meals
- Stop smoking
- Reduce alcohol consumption
- If the heartburn is troublesome at night, it can sometimes be eased by raising the head end of the bed.
- Over-the-counter medication can also control the symptoms. Common products include:
 - Antacids, which neutralise acid stomach contents and reduce

the burning effects on the lower part of the oesophagus.

- Alginate products. Such agents work by floating on top of the stomach contents so that, if there is reflux, it is the neutral alginate that passes back into the oesophagus, rather than the actual acid contents.

Sometimes the symptoms are more persistent and cause distress, even when the individual has taken steps to minimise the reflux.

In such circumstances, the GP can prescribe a drug called a **Proton Pump Inhibitor (PPI)**.

Such drugs include omeprazole, lansoprazole and pantoprazole. They work by reducing the amount of acid produced by the stomach.

The duration and dose of the drug can be adjusted to achieve the desired reduction in symptoms. As an alternative, **H₂ receptor blocker** drugs can be employed. These include cimetidine and ranitidine. They, also, reduce acid production in the stomach.

Complications of Hiatus Hernia.

In a small percentage of patients, persistent hiatus hernia problems may lead to complications, as a result of the repeated reflux of acidic stomach contents into the oesophagus.

- Oesophagitis (inflammation of the oesophagus) may be the result of repeated acid reflux, resulting in bleeding, ulceration and scarring. The scarring results in:
- Narrowing of the oesophagus which can result in food becoming stuck at the level of the acidic damage and scarring, normally in the bottom third of the oesophagus.

- Persistent damage can lead to a Barrett's oesophagitis. In such circumstances, the cells lining the oesophagus become damaged and may mutate to become cancerous. In patients with the condition, regular monitoring occurs to ensure that any sinister changes can be identified and treated quickly.
- Occasionally a herniated rolling hernia may become trapped and if the blood supply is obstructed, the part of the stomach forming the hernia strangulates and may die. This causes severe pain and is a surgical emergency requiring release of the strangulation (or removal of any irreparably damaged area) and closure of the defect in the diaphragm.

It all seems a far cry from my student days with Milk of Magnesia, antacid mixtures and, for hospital patients, milk drips...

...where milk from a drip stand was dripped via a naso-gastric tube into the bottom of the oesophagus to relieve the symptoms!

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