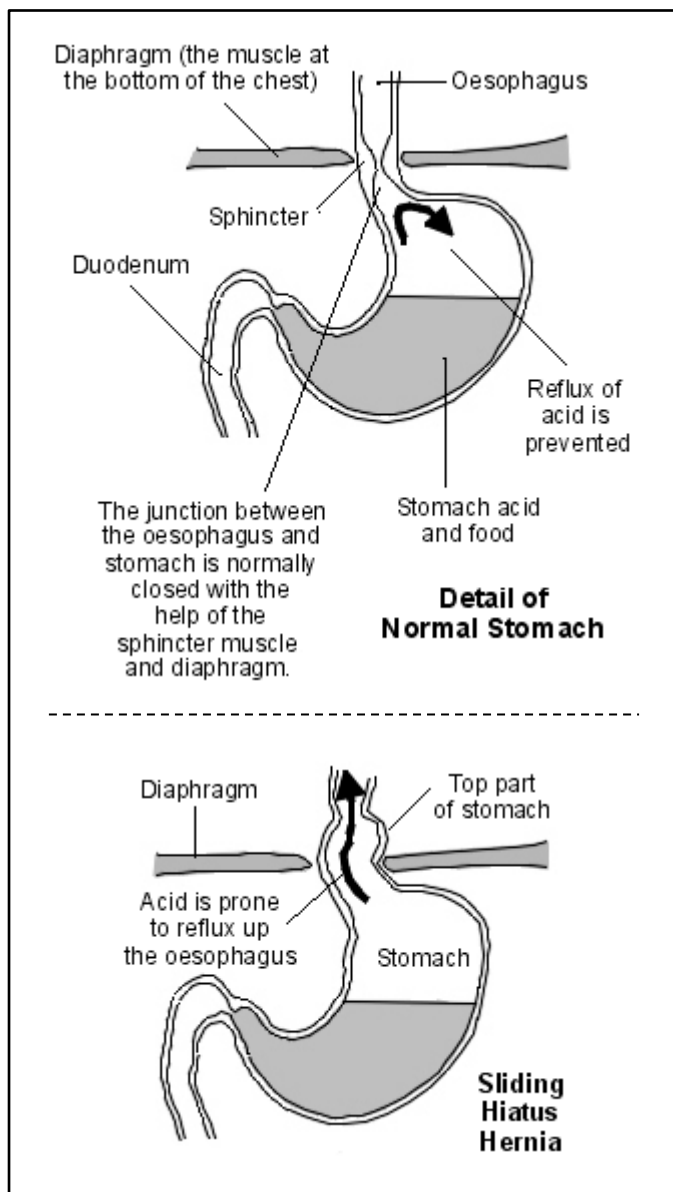


What is a hiatus hernia?

A “hiatus hernia” is a medical term used to describe when the top of the stomach is higher than it should be.

Usually all of the stomach is below the diaphragm (the big muscle below your lungs that helps you breathe) and the sphincter muscle at the bottom of the oesophagus (see picture) lines up with the diaphragm. Sometimes the top part of the stomach slips up above the diaphragm. When this happens it’s called a “hiatus hernia”.



Is this a problem?

Hiatus hernias are very common; one in three people have one. They are usually completely harmless and do not require any treatment.

The stomach makes acid as part of the process of digestion to break down food and kill off bacteria. The stomach is lined with very acid resistant cells to stop the acid damaging the stomach.

At the top of the stomach there is a valve (the sphincter) that stops the acid from traveling into the oesophagus, which is not as resistant to acid.

Having a hiatus hernia can mean that because the valve is lying higher than it should and does not line up with the diaphragm, it does not work as well. As a result more acid can be pushed up into your oesophagus.

Most of the time this doesn't matter too much, as the oesophagus can adjust to cope with a bit more acid.

What symptoms can I get?

In 10% of people with hiatus hernias the acid coming up can make them feel unwell, usually with symptoms of heartburn (burning sensation in the middle of the chest), pain, belching or bloating.

When this happens it's called “gastroesophageal reflux disease (GORD)” or “acid reflux”.

If you are unlucky enough to get symptoms from your hernia, see **over the page** for some suggestions.

If you still have questions and would like more information ask your doctor or visit these links:

<https://patient.info/digestive-health/acid-reflux-and-oesophagitis/hiatus-hernia>

<https://gi.org/topics/acid-reflux/>

<https://gastro.org/practice-guidance/gi-patient-center/topic/gastroesophageal-reflux-disease-gerd/>

What is reflux?

Gastroesophageal reflux is when stomach contents backs up out of the stomach into the oesophagus. When the stomach acid touches your oesophagus, it can cause a burning feeling in your chest or neck, known as heartburn.

Occasional heartburn is normal, but if your symptoms are frequent and impact your wellbeing by affecting your daily activities, your sleep or what you are able to eat, then we term this Gastroesophageal reflux disease and investigation and treatment may be recommended.

Why have a gastroscopy?

Gastroscopy is often performed to rule out other problems (like cancer).

At endoscopy we may see:

- Oesophagitis (inflammation or ulceration of the lining of the oesophagus)
- A hiatus hernia
- Narrowing of the oesophagus due to scarring from chronic inflammation
- Barretts oesophagus (a change in the cells lining the oesophagus)

The oesophagus can also look completely normal.

What treatments are there if I do develop acid reflux?

Try lifestyle changes first:

- If you are overweight then losing weight will decrease the pressure on the valve, making acid reflux symptoms better. If you are a “normal” weight, try to maintain it
- Avoid food that makes acid worse. Examples include alcohol, orange juice, spicy foods, caffeine, chocolate and fried food
- Avoid big meals and stay upright for a few hours after a meal, so you don’t go to sleep with a full stomach
- Try raising the head of the bed by 10cm so gravity helps you out
- You can also try simple over the counter antacid remedies from your pharmacy (e.g. Gaviscon)

- Stop smoking. Smoking can cause the muscles of the lower oesophageal sphincter to relax and coughing can increase reflux

What if I need more help?

The next step is a group of medications known as proton pump inhibitors, for example omeprazole, pantoprazole or lansoprazole. These block acid production in your stomach, making the stomach juice less acidic so it is not as irritating to the oesophagus. These are very effective in most cases when symptoms occur. To be effective you must take them half an hour before food. They are very safe medications to take long term, especially when used at the lowest dose required to control your symptoms. If your symptoms resolve completely it is worth trying to come off the medication.

One side effect to watch out for is low magnesium, particularly if you are on other medications such as digoxin or other medicines that cause low magnesium, such as diuretics. Symptoms can include muscle cramps or weakness, or fatigue. If you are on a proton pump inhibitor long term or develop symptoms ask your GP to check your magnesium level.

What if I get symptoms and the medication doesn’t help?

Talk to your GP first. There may be another cause for your symptoms or you may require different medication or a higher dose.

Medication does not stop reflux, it just makes the reflux less acid. Some people may still have significant symptoms from refluxing food e.g. regurgitation. If you have a hiatus hernia rarely surgery may be indicated to fix the hernia.

Medication also won’t work if your symptoms aren’t caused by your hernia. Bloating, belching and abdominal pain are common symptoms in people without hiatus hernias or GORD and may be due to other causes.

If something changes in the future and you notice pain or heartburn or anything else new, talk to a doctor. Do not just assume it’s your hiatus hernia or reflux disease.