

Hiatal Hernia

What is it?

A **hiatal hernia** is a condition in which the top of the stomach bulges through an opening in the diaphragm called the **hiatus**. The **diaphragm** is the large muscle that helps you breathe. The diaphragm separates the stomach from the chest. A hiatal hernia moves up into the chest and can cause pain and other symptoms.

There are 2 types of hiatal hernias:

- A **sliding hernia** is the most common. The top part of the stomach and the part of the tube that connects your mouth to your stomach (the **esophagus**) slide up into the chest through the hiatus.
- A **paraesophageal hernia** is less common. A lower part of the stomach squeezes through the hiatus and gets stuck next to the esophagus. This is more serious because it can cut off the blood supply to that part of the stomach.

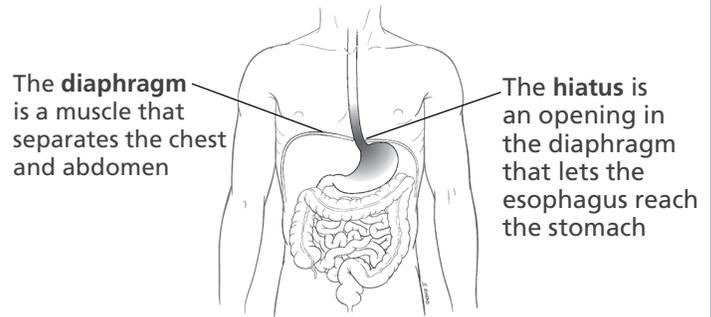
What causes it and who is at risk?

The exact causes are not known, but it's a common condition in adults. As many as 10 out of 100 people who are over age 40 have a hiatal hernia. The chances for getting it increase as a person gets older.

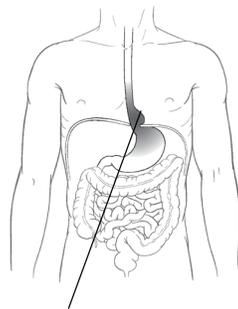
Other things that increase your chances for getting hiatal hernia include:

- Having an injury to that part of the body
- Being born with a weakened diaphragm muscle
- Increased pressure in the abdomen (belly) from severe coughing or vomiting, or from pushing too hard while going to the bathroom
- Pregnancy or giving birth
- Being overweight or gaining a lot of weight
- Smoking
- Being over age 50, especially in women

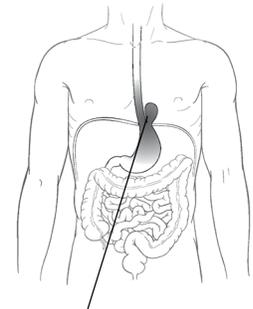
Normal esophagus



Hiatal hernias



With a **sliding hernia**, the top of the stomach pushes through the diaphragm



With a **paraesophageal hernia**, a lower section of the stomach pushes through the diaphragm

What are the symptoms?

Most small hiatal hernias don't cause symptoms and are never discovered. But, larger hernias can cause these symptoms:

- Heartburn
- Chest pain
- Nausea
- Belching
- Breathing problems
- Trouble swallowing

Symptoms of hernia are often worse when you lift heavy objects, strain, or lean forward.



When should I call a doctor?

Check with your doctor if you experience any of these symptoms:

- Persistent heartburn
- Severe pain in the chest or abdomen
- Constipation
- Trouble swallowing
- Shortness of breath after a meal

Get medical help immediately if:

- You know you have a large hernia and you experience severe chest pain, trouble breathing, or trouble swallowing.
- You develop heartburn along with nausea, vomiting, shortness of breath, dizziness, an irregular heartbeat, or you feel like your heart is beating too hard or too fast. These may be signs of a heart problem rather than of a hiatal hernia.

How does my doctor test for it?

Your doctor may discover a hiatal hernia when trying to find the cause of heartburn or another symptom. Tests that show you have a hernia may include:

- **A barium x-ray.** You drink a chalky liquid that will coat the inside of your esophagus and stomach. The liquid helps the x-ray show if you have a hiatal hernia.
- **Endoscopy.** The doctor looks into your esophagus through a long narrow tube with a camera at the end.

People with hiatal hernia can have chest pain that is easily confused with the pain of a heart attack. For this reason, it's important to have it correctly diagnosed.

How is it treated?

Most people don't have symptoms and don't need treatment. But, if your symptoms are bad, your doctor may recommend:

- Lifestyle changes.** These can help prevent stomach acid from leaking into the esophagus and causing pain.
 - Eat small meals and sit up for 1 hour afterward. Avoid eating for 2 hours before going to bed.
 - Limit spicy foods, fatty foods, and alcohol.
 - Quit smoking.
 - Maintain a healthy weight.
- Medicines.** Your doctor may recommend medicines to lower the amount of acid in your stomach. This will help prevent pain.
- Surgery.** Less than 5 out of 100 people with hiatal hernia need surgery. If lifestyle changes and medicines don't help, or if the blood supply to part of your stomach is in danger of being cut off, your doctor may recommend surgery. During surgery, your doctor may pull the stomach back through the diaphragm, make the opening in the diaphragm smaller, or build up the weak muscle.