

HIATUS HERNIA

GENERAL INFORMATION

The gullet passes through a hole (the hiatus) in the diaphragm on its way to the stomach. Sometimes, tissue around the hiatus weakens, so the hiatus stretches, and the weakened tissue bulges into the chest. This is known as a hiatus hernia.

COMMON SIGNS AND SYMPTOMS

Often, there is heartburn. This is the acid from the stomach backing up into the oesophagus. Sometimes there is a feeling of regurgitation of food. This is made worse when stooping or lying flat, it gets better when standing.

DIAGNOSIS

- Usually the diagnosis can be made by taking a detailed history and doing a thorough physical examination.
- A barium swallow or barium meal is helpful.
- A gastroscopy is necessary to visualise the inside of the oesophagus and stomach.
- Your doctor may decide to do oesophageal motility studies too.

TREATMENT

If the hernia does not produce any symptoms, then no treatment is necessary. If there are symptoms, medical therapy is sometimes tried first. An operation is usually considered if medical therapy fails. The operation can be done with a laparoscope or by open surgery.

PRE-OPERATIVE PREPARATION

Make sure your doctor knows what medicines you take, especially medicines which may affect blood clotting.
Do not eat or drink anything for 6 hours before the operation.

OPERATION

You will be asleep for the operation. The technique would have been discussed with you by your doctor. The operation usually takes about 2 hours.

POST-OPERATIVE CARE

- You will be taken to a recovery room and observed. When you are stable, you will be taken to a regular hospital room.
- You may have a thin plastic tube in your nose for a day or two. Your doctor will decide when to remove it.
- The pain will be controlled with medicine.
- Your doctor will decide when you can start taking liquids and later solid foods by mouth.
- You should be able to go home in 2 - 5 days.

HOME CARE

- Chew your food well before swallowing it.
- For the first few weeks you may feel a discomfort in your throat or a sense of the food sticking. With time this feeling should improve.
- Your doctor will discuss with you when you may drive and return to work.

COMPLICATIONS

1. Problems are relatively common after a HIATUS HERNIA REPAIR and complications do sometimes occur.

2. The most common problem is difficulty with swallowing food. This usually settles spontaneously but on rare occasions something active may need to be done. Likewise there is sometimes an inability to burp which may be uncomfortable. This frequently settles spontaneously but occasionally something active may need to be done.
3. It is important for you to know that when the operation is attempted laparoscopically, it may not always be possible to finish it laparoscopically. It may need to be converted to an open operation. This is not considered a complication but usually reflects good surgical practice. However this will entail more discomfort for you, a longer hospital stay and longer time off work.
4. This is a major intra-abdominal procedure and various problems and complications relating to the stomach and gullet are possible. These include perforation of these organs, it includes problems with the blood supply to these organs and it includes problems with the stomach moving up into the chest. It is possible for other intra-abdominal organs to be injured during the operation.
5. Intra-abdominal bleeding or bleeding in a wound may occur. Your doctor will decide how to manage this.
6. Infections in the abdominal wounds are infrequent but do sometimes occur. How this is managed will depend on your doctor.
7. Very occasionally an incisional hernia can develop in the wound or at a port site.
8. Systemic complications like venous thrombosis and pulmonary embolism are rare, but possible after any operation or anaesthetic.

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