WHAT IS IT?
■ A structural abnormality in which a portion of the stomach protrudes upwards through the diaphragm.

TYPES OF HIATUS HERNIA
■ Sliding hiatus hernia (the most common) is where an unusually short oesophagus, that ends above the diaphragm, pulls a part of the stomach upwards into the thorax. The sliding movement is due to the normal shortening of the oesophagus by muscular contracture during swallowing (Waugh and Grant, 2002).
■ Rolling hiatus hernia (or para-oesophageal hernia) is where an abnormally large opening in the diaphragm allows a pouch of stomach to roll upwards into the thorax beside the oesophagus (Waugh and Grant, 2002). This condition can present as a surgical emergency.
■ The long-term effects can be oesophagitis or oesophageal stricture resulting in dysphagia.

RISK FACTORS
■ Pregnancy.
■ Smoking.
■ Congenital factors.
■ Eating large meals, particularly at night.
■ Obesity.
■ Increasing age: hiatus hernia occurs most frequently from middle age onwards (Howie et al, 2001).
■ Bending and lying postures.
■ Wearing tight clothing around the waist.
■ Hiatus hernia is four times more common in women than in men (Howie et al, 2001).

SIGNS AND SYMPTOMS
Sliding
■ Heartburn – a painful burning sensation in the oesophagus, just below the sternum. This is due to gastro-oesophageal reflux, a backflow of gastric acid into the oesophagus. It often worsens on bending or lying down.
■ Dysphagia due to inflammation, muscle spasm or ulceration as a result of reflux oesophagitis.
■ Recurrent pneumonia due to aspiration.
■ Complications can include persistent reflux, inhalation pneumonia and chronic blood loss anaemia (McLatchie and Leaper, 2002).

Rolling
■ Dysphagia; feeling of fullness, distension and chest discomfort after meals.
■ Cardiac arrhythmias.
■ Hiccups.
■ Complications can include gangrene and gastric ulceration (McLatchie and Leaper, 2002).

INVESTIGATIONS
■ Medical history.
■ Barium swallow and meal.
■ Oesophagogastroscopy.
■ X-ray (the condition is sometimes picked up on a routine chest X-ray).

TREATMENT
■ Sliding: treatment should aim to alleviate the discomfort caused by reflux. Antacids (such as Gaviscon) can provide symptom relief as they form a temporary layer over stomach contents. Protein pump inhibitor (PPI) medication can help to inhibit acid secretion completely.
■ Rolling: surgical treatment may be required in view of the high risk of complications.

NURSING IMPLICATIONS
■ Health advice concerning smoking cessation; weight loss; small frequent meals at regular intervals; posture; bending and lifting in the workplace; sleeping with an extra pillow.
■ Reflux can be very distressing and can be mistaken for angina.

REFERENCES


WEBSITES
Digestive Disorders Foundation: www.digestivedisorders.org.uk

NICE guidance on use of PPI medication in dyspepsia: www.nice.org.uk/article.asp?fl=en&a=3587