



Hiatus hernia: a short guide

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What was found?

A hiatus hernia means part of your stomach has moved through the oesophageal opening in the diaphragm into your chest. It is not a hole in your bowel. A sliding hernia moves the junction between the food pipe and stomach upwards. A para-oesophageal hernia brings part of the stomach up beside the food pipe and needs a separate assessment.

Does it need treatment?

A small sliding hernia often needs no treatment of its own. If you have reflux, acid-reducing medicines and practical changes to meals or bedtime may help. Medicines treat reflux, but do not repair the hernia. Larger hernias or troublesome symptoms may need more tests and a surgical opinion. An operation is not always required or appropriate.

What happens next?

I use your symptoms, the type of hernia and other findings to recommend follow-up. This will be documented in your endoscopy report and/or histology report once any tissue results are available. Contact me or your GP if swallowing becomes difficult, you lose weight without trying or treatment is not helping.

When to get help

Seek urgent assessment for sudden severe chest or upper abdominal pain, repeated retching or vomiting, inability to swallow, vomiting blood or black tarry stools. Do not assume new chest pain is reflux. Call 111 for severe chest pain with breathlessness, sweating or faintness, or if you collapse.

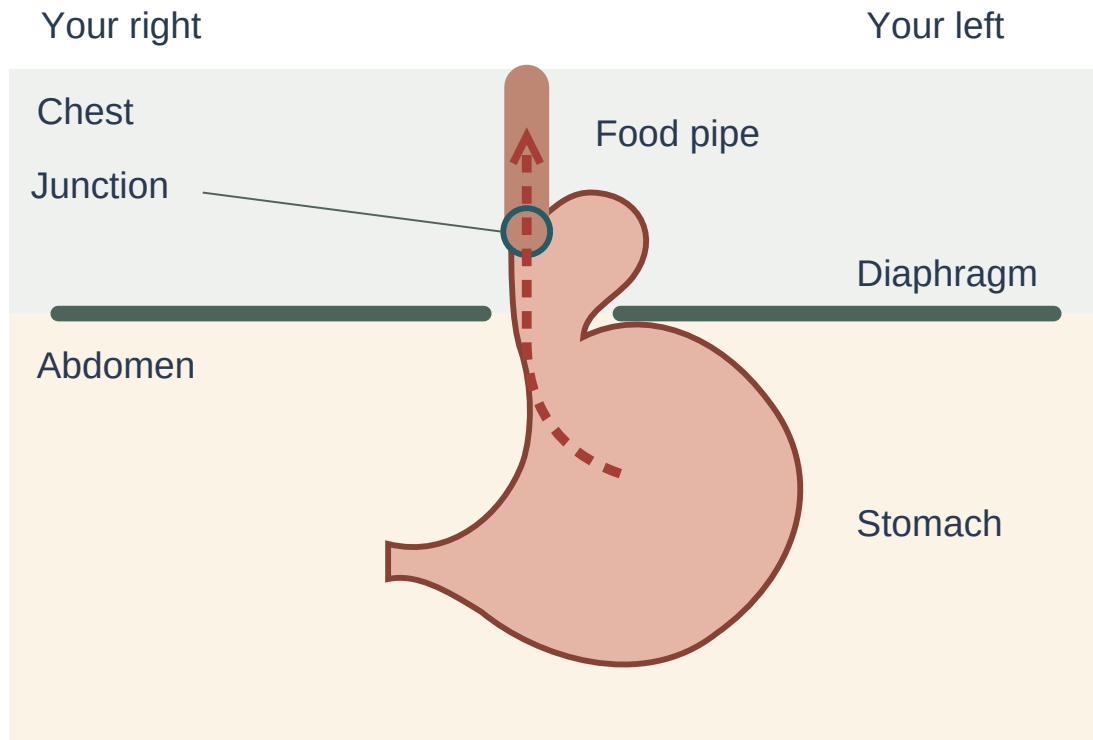
Call 111 for new severe chest pain, especially with breathlessness, sweating or faintness, or if you collapse or are too unwell to travel safely.





What changes in a hiatus hernia?

Sliding hernia and reflux



A sliding hernia can weaken the barrier against reflux, allowing stomach contents to move up into the food pipe. This may cause heartburn, regurgitation or irritation, although many people have no symptoms. Persistent reflux can inflame the oesophagus and, in some people, lead to narrowing or Barrett's oesophagus.

Read this illustration alongside the advice in this guide.

