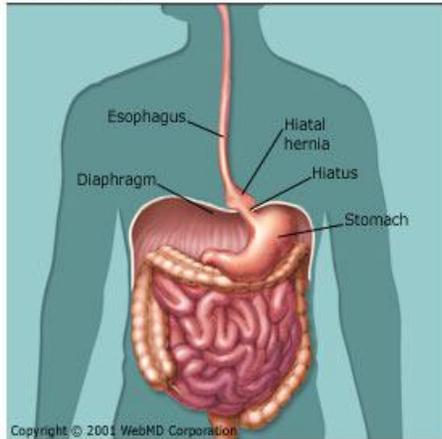


What is a Hiatal Hernia?

Hiatal Hernia



A hiatal hernia (pronounced “hi-AY-tul HER-nee-uh”) happens when part of your stomach bulges up through the diaphragm and into your chest. The diaphragm is a sheet of muscle that separates your belly (abdomen) from your chest.

The hernia bulges through the diaphragm at a place called the hiatus. This is the opening in the diaphragm that the esophagus passes through. The esophagus is the tube that connects the throat to the stomach.

There are three main types of hiatal hernia: sliding, paraesophageal, and mixed. Most people who have a hiatal hernia have a sliding hiatal hernia.

What causes a hiatal hernia?

A hiatal hernia is often caused by weak muscles and tissues within and around the hiatus.

In a sliding hiatal hernia, a small part of the stomach pushes through the diaphragm and into the chest. A valve between the esophagus and the stomach also moves up and away from the diaphragm.

What are the symptoms?

Most people who have a hiatal hernia have no symptoms.

One symptom you may have is heartburn, which is an uncomfortable feeling of burning, warmth, or pain behind the breastbone. It is common to have heartburn at night when you are trying to sleep.

If you often have symptoms or they are severe, you may have gastroesophageal reflux disease (GERD). A hiatal hernia can lead to GERD, and people often have both conditions at the same time.

If you have pain behind your breastbone, it is important to make sure it is not caused by a problem with your heart. The burning sensation caused by GERD usually occurs after you eat. Pain from the heart usually feels like pressure, heaviness, weight, tightness, squeezing, discomfort, or a dull ache. It occurs most often after you are active.

How is a Hiatal Hernia Diagnosed?

A hiatal hernia often is diagnosed when you see your doctor or have tests for another health problem.

If you have symptoms, your doctor will ask you questions about them. If your symptoms happen often and are severe, you may have gastroesophageal reflux disease (GERD). If this is the case, your doctor may do more tests or give you medicine for GERD.

How is it Treated?

If you have no symptoms, you don't need treatment.

If you have mild symptoms, your doctor may suggest lifestyle changes and perhaps nonprescription medicines. Here are some things to try:

- Change your eating habits.
 - It's best to eat several small meals instead of two or three large meals.
 - After you eat, wait 2 to 3 hours before you lie down. Late night snacks aren't a good idea.
 - Chocolate, mint, and alcohol can make GERD worse. They relax the valve between the esophagus and the stomach.
 - Spicy foods, foods that have a lot of acid (like tomatoes and oranges), and coffee can make GERD symptoms worse in some people. If your symptoms are worse after you eat a certain food, you may want to stop eating that food to see if your symptoms get better.
- Do not smoke or chew tobacco.
- If you get heartburn at night, raise the head of your bed 6 inches (15 cm) to 8 inches (20 cm) by putting the frame on blocks or placing a foam wedge under the head of your mattress (adding extra pillows does not work).
- Do not wear tight clothing around your middle.
- Lose weight if you need to. Losing just 5 to 10 pounds can help.

If you often have symptoms or have severe symptoms, you may have GERD. Lifestyle changes may help, and your doctor may prescribe medicine. In severe cases, surgery can be used to pull the hernia back into the belly.