YOUR GUIDE TO

HIATUS HERNIAS

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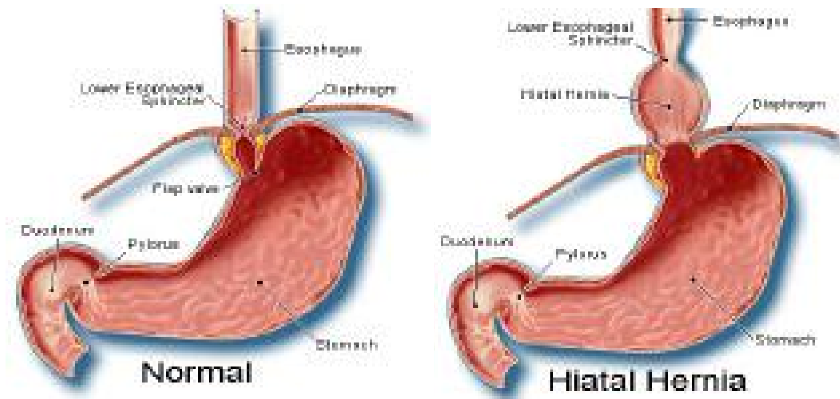
Introduction

Please take note of the following before starting any of the exercises in this guide:

- The information contained in this guide is intended to assist in managing your recovery.
- This guide is complimentary to other medical services and is not intended as a substitute for a health care provider's consultation.
- Never disregard medical advice or delay in seeking it because of something you've read in IPRS's"Your Guide to Hiatus Hernias".
- Many people have found quick and lasting relief from their hernia related symptoms by acting upon the information provided, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your situation, please consult your health professional.

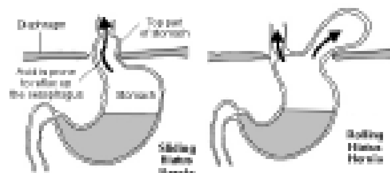
When consulting your health professional, it is wise to take this guide with you to show them.

What is an Incisional Hernia?



A hiatus hernia is when part of the stomach slides through the diaphragm, the muscular sheet that separates the lungs and chest from the abdomen. Although hiatus hernias are present in approximately 15 % of the population they often cause no symptoms, but can cause pain and heartburn. It is not usually a serious condition, and often needs no treatment. Any symptoms can usually be treated with drugs, or if severe, an operation.
About hiatus hernia
Normally, the stomach is completely below the diaphragm. The weakest part of the diaphragm is the hole through which the oesophagus passes. A hiatus hernia forms when part of the stomach slides through this hole (hiatus) into the chest cavity.

There are two main types of hiatus hernia. With a sliding hiatus hernia, the ring of muscle (sphincter) that forms a valve between the oesophagus and stomach slides up through the diaphragm. This is the most common type of hiatus hernia. The other type, a rolling hiatus hernia, involves part of stomach bulging up through the hole in the diaphragm alongside the oesophagus.



Types of Hiatus hernias

http://www.medicinenet.com/ http://www.patient.co.uk

WHAT ARE THE RISK FACTORS?

Doctors are not sure what causes hiatus hernia, but people are more likely to get it if they are:

- aged over 50
- smokers
- overweight
- pregnant

It may therefore be associated with conditions that increase pressure in the abdomen (e.g. smoker's cough and excess weight). It is also possible that the diaphragm muscle may weaken with age.
A rare form of hiatus hernia may be present at birth because the diaphragm or stomach has not developed properly.

SYMPTOMS

Often hiatus hernia has no symptoms. However, it may cause a feeling of warmth or burning in the chest, often called heartburn. This happens when the contents of the stomach, which are acid, flow backward (reflux) into the oesophagus. If heartburn symptoms are persistent or severe, this is called gastro-oesophageal reflux disease (GORD).
Hiatus hernia can cause pain and discomfort behind the breastbone (sternum). If severe, this can feel similar to a heart attack.
Symptoms may occur or become worse after eating, soon after lying down or when bending forwards. They may be worse after drinking coffee or other hot drinks, or spicy food.
Hiatus hernia is just one of the possible causes for the symptoms described. These are common symptoms of indigestion.

COMPLICATIONS

Occasionally, hiatus hernia can lead to more serious problems. Unlike the stomach, the lining of the oesophagus is not designed to withstand acid, so reflux of the acidic contents can damage the lower end of the oesophagus. This makes symptoms worse and can lead to the formation of ulcers (breaks in the lining of the oesophagus). If ulcers bleed there may be vomiting of blood. Anyone who experiences this needs urgent medical treatment to stop the bleeding, and should contact a doctor.
A bleeding ulcer can also lead to anaemia, where the body does not have enough red blood cells to transport oxygen around the body.
In the longer term, as ulcers heal they can result in a narrowing (stricture) of the oesophagus, which can cause difficult, painful swallowing and regurgitation of food.
There is also an increased risk of developing a condition called Barrett's oesophagus, where the cells lining the oesophagus undergo changes and become "pre-malignant", which means they have the potential to become cancerous. At this early stage, treatment can prevent cancer. However, people with GORD have a slightly increased risk of oesophageal cancer.

DIAGNOSIS

Anyone who visits their doctor about indigestion symptoms will be asked further questions, and may sometimes be referred to a specialist doctor - called a gastroenterologist - for tests:

- **X-ray** – a hiatus hernia can be seen with X-rays taken after a drink containing barium, which shows up as white on the X-ray. The barium drink coats the lining of the oesophagus and stomach. This is called a barium swallow.

- **Endoscopy** - a hiatus hernia can be examined with a long, thin, flexible telescope called an endoscope, which is usually passed through the mouth and then swallowed. This instrument will also allow a close inspection of any ulcer at the lower end of the oesophagus. If necessary a sample of tissue (a biopsy) can be removed for a closer examination under a microscope.

TREATMENT OF HIATUS HERNIA

Self-help

A number of lifestyle changes may reduce the symptoms of hiatus hernia:

- eat small frequent meals rather than fewer large meals
- avoid bending over or lying down after a meal
- avoid foods that seem to cause more severe symptoms such as spicy foods, coffee and possibly alcohol
- stop smoking
- lose excess weight if overweight
- sleep propped up on plenty of pillows or with the head end of the bed raised 10 cm

NON-PRESCRIPTION MEDICINES

Antacids

Antacids can be taken in either in liquid or tablet form. Those containing magnesium or aluminium generally work by neutralising the stomach acid. Others contain an ingredient called an alginate which forms a barrier that floats on the top of the stomach contents and prevents them splashing back up into the gullet, thus preventing heartburn and reflux symptoms. Another medicine that coats the stomach is called bismuth. Many of the antacids contain a mixture of ingredients. Examples of antacid brands include Rennies and Gaviscon.

H2 blockers

If antacids don't work, or if large quantities of antacid are needed to be effective, a pharmacist may recommend a more powerful medication. One type of more powerful drugs that can be bought at a pharmacy are H2 blockers (also known as H2 antagonists). They work by reducing the amount of acid produced by the stomach. Examples are famotidine (Pepcid Two) and ranitidine (Zantac).

PRESCRIPTION-ONLY MEDICINES

Anyone who needs to take medicines for indigestion regularly, more than two or three times a week for example, should discuss their symptoms with a doctor. Doctors can prescribe longer-acting H2 antagonists. They can also prescribe another type of drug called a proton pump inhibitor, which also works by reducing acid production. Examples are omeprazole (Losec) and lansoprazole (Zoton).
Other medications work by coating the stomach lining, to protect it against the acid-attack. These include, sucralfate or carbenoxolone.

SURGERY

Rarely, a hiatus hernia causes such severe symptoms or complications that surgery is recommended. The operation is called a fundoplication. This involves making a cut in the upper abdomen, pushing the stomach back into the correct position and securing it there, and then repairing any gap of the diaphragm. The procedure can be done by open surgery (through an incision in the abdomen) or by keyhole (laparoscopic) surgery.

The information in this leaflet comes from extensive research that IPRS has done, and our own experience and results. The following are user friendly documents to gain more information:

- Emedicinehealth.com (http://www.emedicinehealth.com)
- The British Hernia Centre (http://www.hernia.org/)

References:
1. BUPA http://hcd2.bupa.co.uk
2. http://www.medicinenet.com

What about exercise?

The British Hernia Centre encourages as much activity as soon as possible. Short and more frequent periods of activity are more beneficial than longer, more strenuous activity. The main focus of the exercise programme is to strengthen the abdominal muscles. This will improve and give additional support to the injured area and prevent a re-occurrence.

It is important that while exercising, the intra-thoracic pressure is not increased (Valsalva effect) and the abdominal muscles are not strained . This can be avoided by using the correct breathing techniques while doing the exercises. During all exercises do not hold your breath. For the duration of the exercise you should breathe out during the strenuous phase of the exercise and breathe in when relaxing. This will be indicated on the exercise sheet later on.

WHAT EXERCISE SHOULD I DO?

- **24-48 hours after surgery:** Light stretching is recommended. Avoid straining and over-stretching.
- **After GP clearance:** Isometric contractions (muscular contractions with no associated movement)

Exercises >>>>

Exercises phase 1

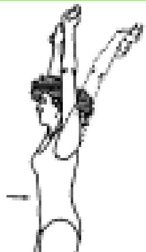
It is important that you do these exercises gently. You should feel a stretch and the muscles working, but should not feel discomfort. Use your own comfort levels to determine the intensity at which you do the exercises.

IMPORTANT: If any of your hernia symptoms return, stop and consult your GP.

STRETCHING EXERCISES:

28-48 hours after surgery

Repeat each of these stretches two times for at least 30 seconds. Hold a steady stretch, do not bounce, do not force into pain.



ABDOMINAL STRETCH

Standing against a wall. Clasp hands together and slowly reach hands up to the ceiling as far as you can. You should feel a stretch in your abdominal muscles. Then alternating arms, slowly push one arm up to the ceiling then the other.

LUMBAR ROTATION

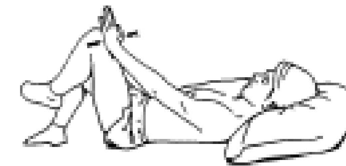
Slowly rock knees from side to side in a small, pain-free range of motion. Allow the lower back to rotate slightly.

Exercises phase 2

STRENGTHENING EXERCISES:

2-6 weeks after surgery

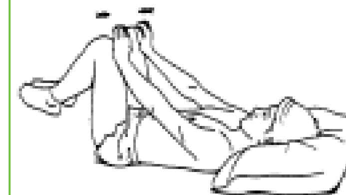
Do 3 sets of 10 of each exercise. Do each exercise slowly and controlled. Remember to concentrate on breathing correctly.



UNILATERAL ISOMETRIC HIP FLEXION

Tighten stomach muscles and raise knee to outstretch arm. Gently push, keeping arm straight and trunk rigid.

Breathe out when pushing against the knee.



BILATERAL ISOMETRIC HIP FLEXION

Tighten stomach muscles and raise both knees to outstretched arms. Gently push, keeping arms straight and trunk rigid. Breathe out when pushing against the knee.

BRIDGING

Slowly raise hips from floor, keeping stomach tight.
Breathe out when lifting hips.

PELVIC TILT

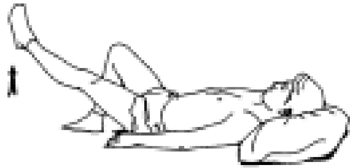
Flatten back by tightening stomach muscles and buttocks while tilting pelvis towards you.
Breathe out while flattening back.

Exercises phase 3

STRENGTHENING EXERCISES:

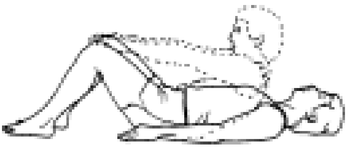
6+ weeks after surgery

Do 3 sets of 10 of each exercise. Do each exercise slowly and controlled. Remember to concentrate on breathing correctly.



STRAIGHT LEG RAISE

Tighten stomach muscles and slowly raise locked leg 8-12 inches from floor. Breathe out when lifting leg.



CURL UP

With arms on your thighs, tilt pelvis to flatten back. Raise shoulders and head from floor. Use arms to support trunk if necessary. Only lift shoulders until the tips of your fingers reach your knees. Breathe out when lifting shoulders.

DIAGONAL CURL-UP

With arms at sides, tilt pelvis to flatten back. Raise head and shoulders, rotating to one side as shoulder blades clear floor.
Breathe out when lifting shoulders.

Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries regarding the information, please do not hesitate to contact us on:

Phone 017890400999 / 07870166861
www.mdphysiotherapy.co.uk