

# Hiatal Hernia

## What is a hiatal hernia?

A hiatal hernia occurs when a portion of the stomach moves up into the chest cavity.

The diaphragm separates the chest cavity from the abdominal cavity. A natural hold in the diaphragm allows the esophagus to pass from the chest to the abdomen. When the ligaments holding the esophagus in position becomes loose, this allows the stomach to partially rise up through the diaphragm into the chest cavity.

## Does a hiatal hernia affect reflux?

Yes. The anatomy in the chest cavity maintains lower pressure than the abdominal cavity. When the stomach moves up, it is difficult to maintain adequate pressure in the stomach, which contributes to an incomplete closure of the gastroesophageal valve (GEV). This breaks down the extremely important high-pressure zone contributing to increased GERD symptoms, especially when lying down.



## How is a hiatal hernia diagnosed?

First, a physician performs an endoscopy procedure to examine the esophagus for erosive esophagitis and other conditions before evaluating the GEV and measuring the hiatal hernia if present.

The physician then performs an esophagogastroduodenoscopy (EGD), a normally quick and painless inspection of the stomach and duodenum.

To spot any anatomic abnormalities such as a hiatal hernia, blockages, inflammation of the esophagus, and free reflux, the physician may also perform an upper GI series. Typically lasting 30 minutes, this procedure involves the patient ingesting a solution that the physician monitors via x-ray. The procedure may rule out esophageal disorders such as achalasia, which can cause reflux-like symptoms.

## **How is a hiatal hernia repaired?**

Under general anesthesia, a surgeon accesses the underside of the diaphragm using minimally invasive laparoscopic techniques. Depending on the anatomy and size of defect, the surgeon repairs the ligaments with stitches and/or mesh. Your surgeon does not open, remove, or reroute anything during the procedure.

## **Can the TIF® procedure relieve reflux for someone with a hiatal hernia?**

Yes, the EsoPHYX® device uses suction to “reduce” small sliding hiatal hernias of 2 cm or less. The suction helps the physician move the GEV below the diaphragm while it’s being repaired. If your hiatal hernia is larger than 2 cm, your physician performs a TIF procedure with an endoscope after repairing the sliding hiatal hernia laparoscopically.

## **Combined procedure benefits:**

- Only put under general anesthesia once
- Length of stay in the facility usually does not change
- Usually return home same day as procedure
- Recovery time for combined procedure is the same as having the TIF procedure on its own; minor incisions heal normally.



## **Gastroenterology**

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