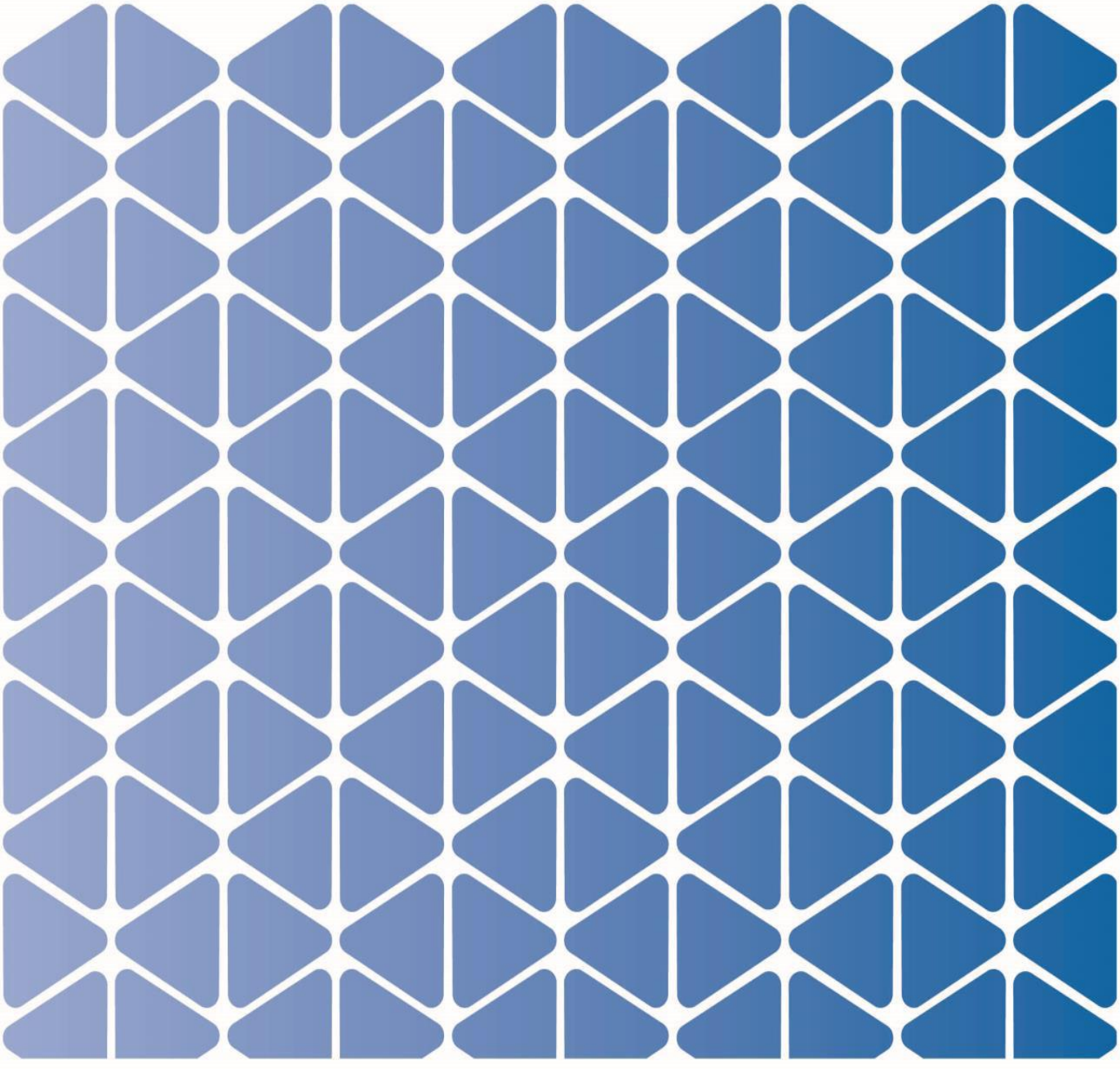
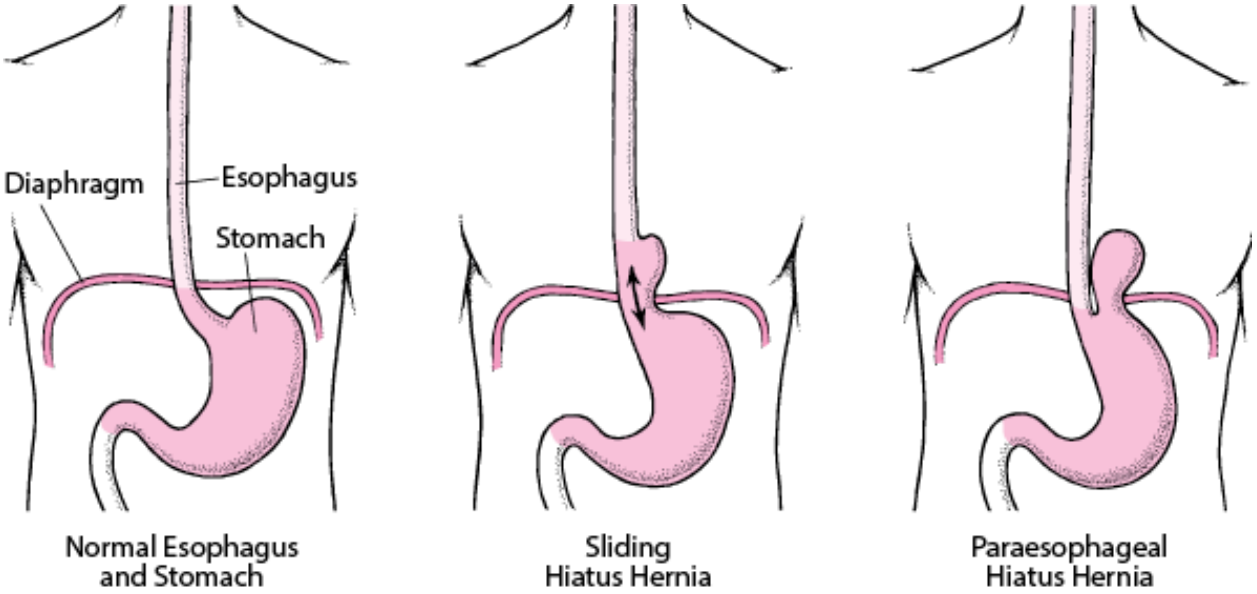
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

LAPAROSCOPIC HIATUS HERNIA REPAIR



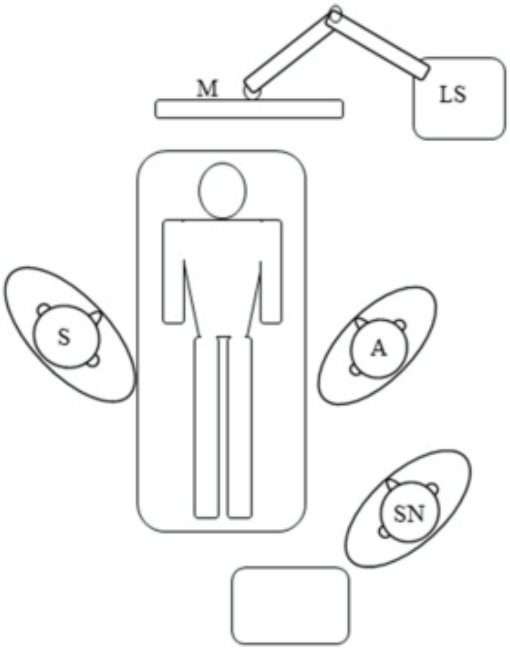
What is a Hiatus Hernia?

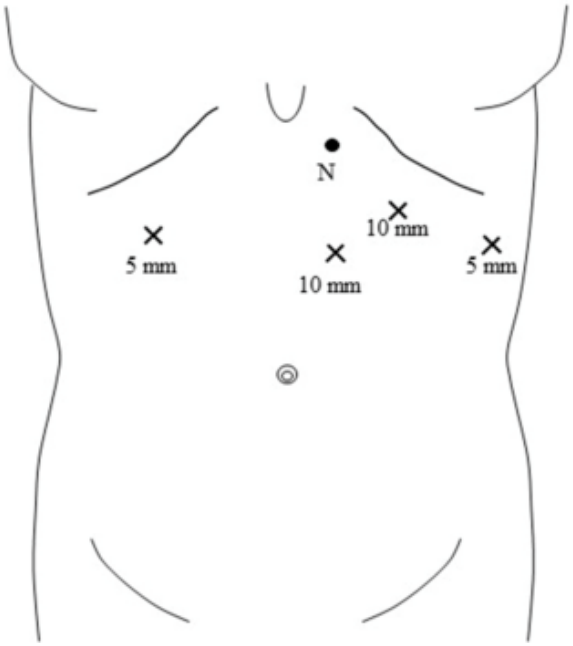


A hiatus hernia happens when part of your stomach pushes up into your chest through a gap (the hiatus) in your diaphragm – the muscle that separates your chest from your tummy. This can cause symptoms like:

- Heartburn or acid reflux
- Difficulty swallowing
- Chest discomfort or bloating

What is Laparoscopic Hiatus Hernia Repair?

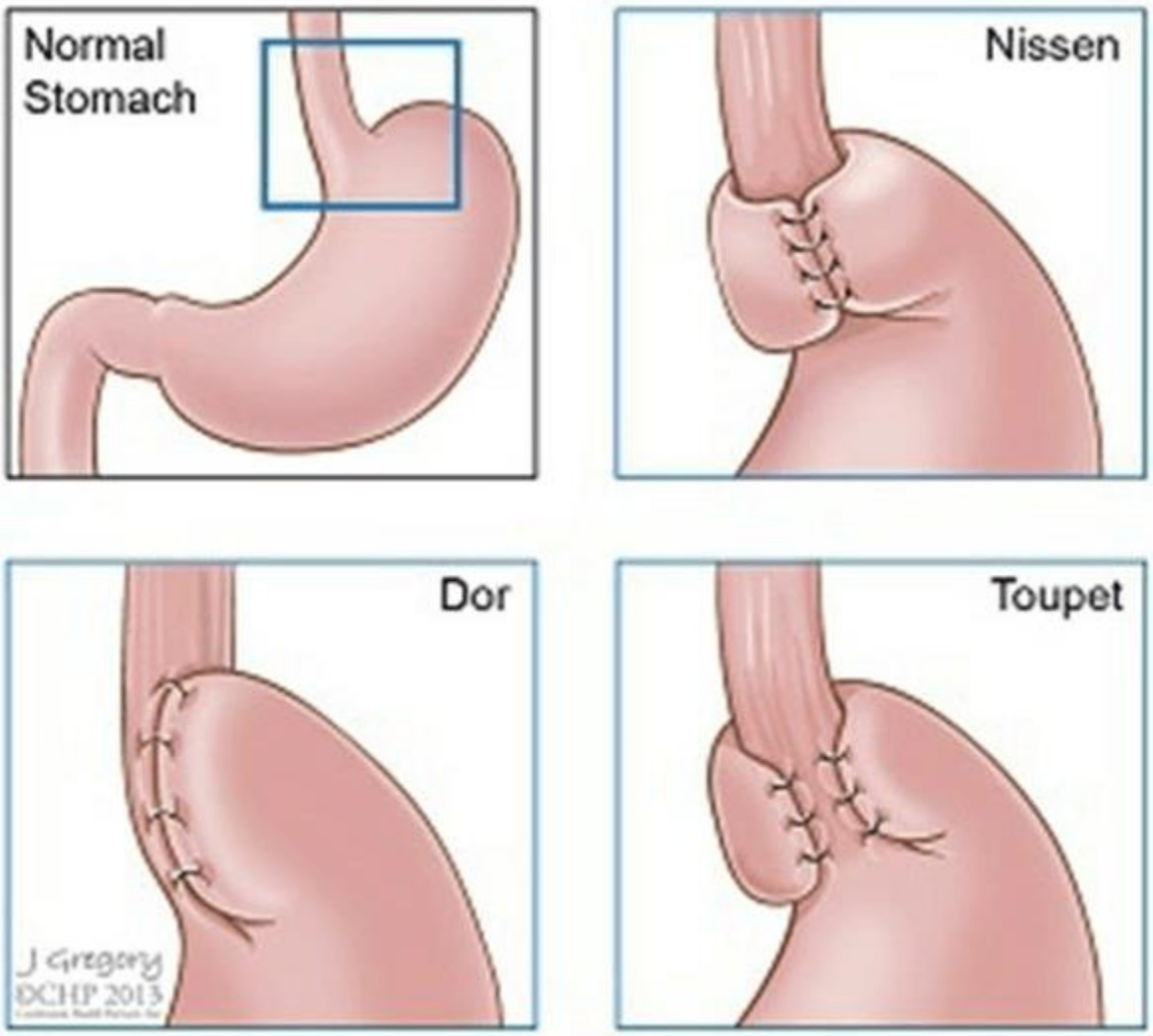




This is a **keyhole surgery** done under general anesthetics to:

- Gently bring your stomach back into the correct position
- Tighten the opening in your diaphragm
- Often wrap the top part of the stomach around the lower gullet (called a fundoplication) to prevent acid reflux

Most patients stay in hospital for 1–2 days after surgery.



Benefits of the Surgery

- Relief from acid reflux and heartburn
- Improvement in swallowing and bloating symptoms
- Reduced need for long-term acid-suppressing medication
- Prevents the hernia from becoming worse or causing complications

Potential Risks and Complications

All surgery carries some risks. We will take every step to minimize them. Risks include:

Common Risks:

1. Bloating and inability to belch (gas-bloat syndrome):

- Occurs in up to **30–60%** of patients initially
- Usually improves with time and dietary adjustment
- You may feel full quickly or need to avoid fizzy drinks and certain foods

2. Difficulty swallowing (dysphagia):

- Occurs in about **10–20%** of patients in the first few weeks
- Often due to swelling or the wrap being tight initially
- In most cases, it improves within 6–8 weeks
- Persistent symptoms may need further investigation or dilation (1–2%)

3. Shoulder tip pain:

- Common after keyhole surgery (affects up to **60–80%** of patients briefly)
- Caused by gas used to inflate the abdomen
- Usually mild and resolves in 1–2 days

4. Chest or upper abdominal discomfort:

- Affects up to **30%** early on
- Often improves with rest and analgesia

Uncommon or Rare Risks:

1. Recurrence of the hernia:

- Occurs in approximately **5–15%** of cases over time
- May or may not cause symptoms
- Rarely may require repeat surgery (around **2–5%**)

2. Injury to nearby structures:

- Esophagus, stomach, spleen, liver, or lungs
- Risk is low – **less than 1%** in experienced hands
- May require open surgery or further intervention if it occurs

3. Conversion to open surgery (laparotomy):

- Happens in less than **1–2%** of cases
- Done if there are difficulties during the keyhole procedure

4. Bleeding or infection:

- Minor bleeding or wound infection in **<5%**
- Internal bleeding or deep infection are rare (**<1%**)

5. Pneumothorax (air leak into chest cavity):

- May occur if the chest cavity is accidentally entered
- Usually managed easily during surgery

6. Anaesthetic risks:

- All operations under general anaesthetic carry small risks, including allergic reactions, blood clots, or heart/lung complications
- Your anaesthetist will discuss this in detail with you

7. Long-term swallowing difficulties:

- Rare, but may affect **1–2%** of patients
- May require endoscopic dilation or revision surgery

8. Dumping syndrome:

- Rare – when food moves too quickly into the intestine
- May cause dizziness or diarrhoea after eating
- Managed with dietary changes if it occurs

After the Surgery

In Hospital:

- You'll wake up in the recovery area
- Most people are able to eat soft food and drink the same day or next
- You'll go home with pain relief and dietary advice

At Home:

- You may feel tired for a week or two
- You can usually return to normal activities within 2–4 weeks
- Avoid heavy lifting for 6 weeks
- We'll give you contact details in case you're worried

Diet and Lifestyle After Surgery

To allow healing and prevent problems, you will be advised to:

First 2–3 weeks:

- Follow a soft or pureed diet
- Eat small, frequent meals
- Chew food well and eat slowly
- Avoid fizzy drinks and drinking large volumes at once
- Avoid drinking via a straw or chewing gum for 4-6 weeks after surgery.

After 3 weeks and beyond:

- Gradually return to a normal diet
- Avoid foods that worsen bloating (e.g., beans, onions, carbonated drinks)
- Some people may have reduced ability to burp – this usually improves over time

Long-Term Lifestyle Advice:

- Maintain a healthy weight
- Avoid overeating or lying down soon after meals
- Limit alcohol, caffeine, and spicy or acidic foods if they cause symptoms
- Stop smoking, as it worsens reflux and delays healing

When to Seek Help

Contact us or your GP if you have:

- Difficulty swallowing that gets worse
- Severe chest or abdominal pain
- High fever or vomiting
- Redness, swelling, or discharge from your wounds

Hospital Contact information

- Ward 18. Alexandra Hospital direct line: **01527512106**

- Surgical SDEC via Worcester Royal Hospital switchboard: **01905763333**

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.