

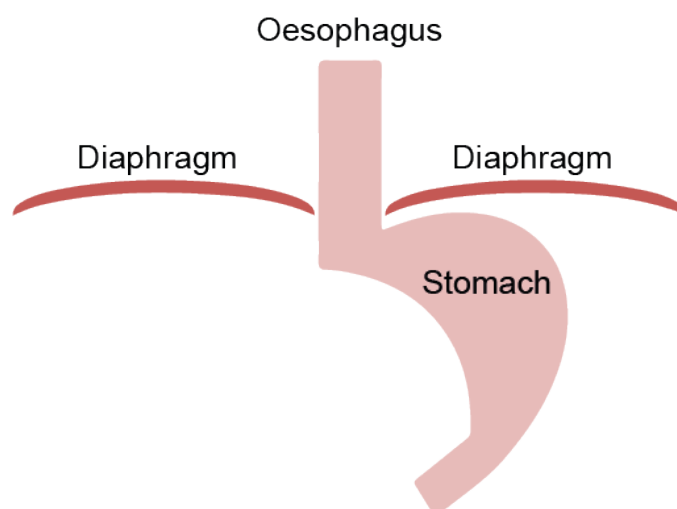
Para-oesophageal hernia repair

Other formats

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What is a Para-oesophageal Hernia Repair and why is it needed?

Normally the oesophagus (food pipe) passes through a hole in the diaphragm into the abdomen where it enters the stomach.

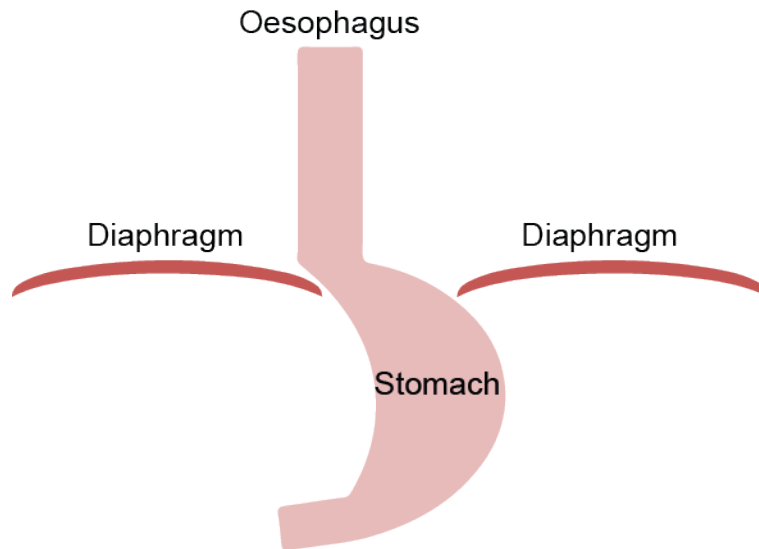


Normal position of the stomach and its junction with the oesophagus

A para-oesophageal hernia (formerly known as a hiatus hernia) occurs when something herniates up through the diaphragm into the chest. This can cause problems such as chest pain, shortness of breath, inability to eat full meals and frequent vomiting.

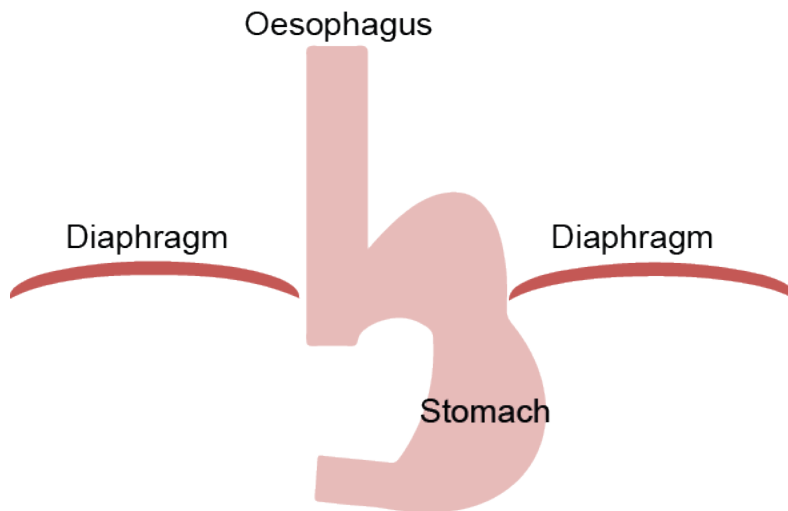
There are four types of para-oesophageal hernia:

Type 1 – The junction between the oesophagus and stomach moves up through the diaphragm



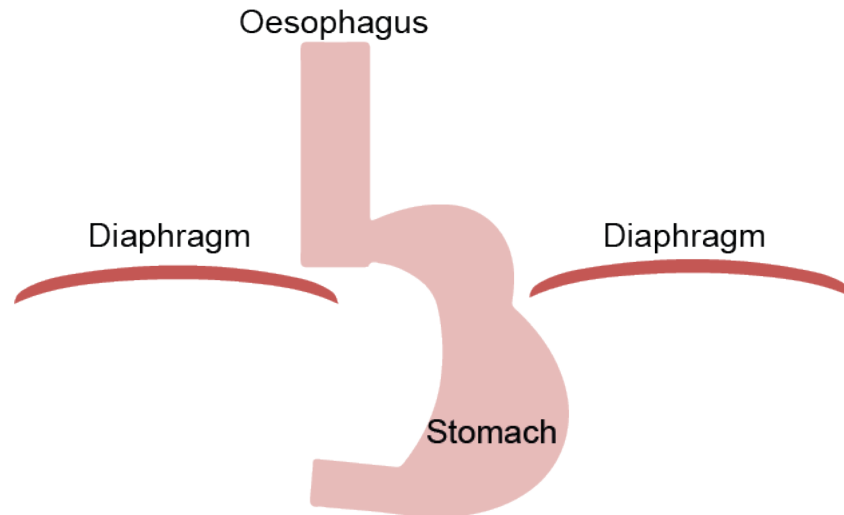
Type 1: The stomach remains below the diaphragm but the junction with the oesophagus has moved up into the chest

Type 2 – The stomach moves up into the chest, but the junction with the oesophagus remains in the abdomen



Type 2: The junction has stayed below the diaphragm while part of the stomach has moved into the chest

Type 3 – Both the stomach and the junction move into the chest



Type 3: Both the junction and part (or all) of the stomach has moved into the chest. Type 4 looks like this but with another organ (eg colon) coming through the hernia as well

Type 4 – Another organ moves from the abdomen into the chest with the stomach.

Type 1 is harmless and does not require surgery. Types 2-4 have a small risk of something called a volvulus. This is where the organs in the hernia get twisted and can cut off their own blood supply. Whilst this is very rare, it is an emergency and can be life threatening. We therefore usually recommend surgery for these types of para-oesophageal hernia.

What does it involve?

The procedure takes place under a general anaesthetic and is usually done with a laparoscopic (key-hole) approach. You will have 6 small cuts made on your abdomen to insert the instruments. We inflate the abdomen to make space to work and use a special device to hold the liver out of the way. We then pull the contents of the hernia back into the abdomen and detach the hernia sac from inside the chest. In order to prevent the hernia recurring, we put some stitches in the diaphragm to narrow the hole, and we wrap the top part of the stomach around the oesophagus to make it bulkier and harder to slip back up into the chest.

Sometimes the diaphragm needs reinforcing which is done using a biological mesh – a material made of pig muscle cells that have been generated in a laboratory and have been specially treated to remove all the cells and just leave the strong collagen layer.

We then remove all the instruments and close the wounds with absorbable stitches.

The operation takes between 2-4 hours, and you will be in hospital for a few days.

What are the alternatives?

Depending on your symptoms you may choose not to have surgery – this is a reasonable approach as long as you are aware of the small risk of a volvulus and know the signs to watch out for (severe chest pain, fevers, profuse vomiting).

Special preparations

You will be given specific advice regarding preparation at your pre-operative assessment. Usually you are asked to stop eating 6 hours before the operation, but you can continue to drink water until 2 hours before.

You may be asked to follow a special diet in the 2 weeks leading up to your operation. This is to shrink your liver, which makes the operation safer when we have to lift the liver out of the way.

How will I feel during the procedure?

You will be asleep throughout the procedure.

How will I feel afterwards?

You will feel a bit sore after the operation. We will give you pain killers for this. We will also give you a drip as you may not be able to drink much straight away. You will have a small tube in your nose to drain your stomach – this will usually stay in overnight to prevent vomiting. Vomiting straight after this operation can cause the stitches to tear so we do everything we can to prevent this.

It is common to feel bloated after any laparoscopic operation due to residual gas – this will go away within 24-48 hours. You may also notice some pain in your shoulders – this is because the gas irritates the diaphragm, which has the same nerve supply as the shoulders.

What happens after the procedure?

After the operation you will be started on a liquid diet. You can slowly start to re-introduce soft foods after a week or so, aiming to be back at a normal diet by 6 weeks. This is because the oesophagus becomes quite swollen after the surgery so solid food has trouble passing through.

You will go home when we are happy that you are drinking well and feel well enough.

What are the risks?

All operations carry some risks. The general risks of an operation include:

- Bleeding – sometimes major requiring a blood transfusion.
- Infection – a minor infection in the wound usually settles with antibiotics from your GP. More serious infections inside the abdomen usually require admission to the hospital for further treatment.
- DVT or PE (blood clot in the legs or lungs) – your risk will be assessed pre-operatively and you will either be asked to wear stockings or we will use special calf pumps during the surgery. You will be given injections after the operation to thin the blood and reduce your risk of clots.
- Strain on the heart and lungs – this risk will be assessed by the anaesthetist.

Specific risks of this operation include:

- Damage to internal structures including the oesophagus, stomach, spleen and liver. We also work very close to the major blood vessels and the heart and lungs. Injury to any of these structures is rare.
- Problems swallowing (dysphagia) – this usually settles with time but occasionally either requires an endoscopy to stretch the narrowed point or a further operation to remove a stitch and loosen the wrap.
- Bloating – you may find you are unable to burp properly after the operation due to the way the wrap works. This can make you feel bloated, in which case we recommend eating slowly and avoiding fizzy drinks.
- Recurrence – sometimes the hernia can come back. This is rare.

Aftercare

You will be discharged with any pain killers you need. You should not need to take any antacids anymore. There are no stitches to be removed; you can just peel the dressings off in 5-7 days. In this time it is best to keep them as dry as you can. You should not swim or take long baths for 3 weeks.

We will advise you about diet before you leave, but as a rough guide you should aim to build up slowly from liquids to purees to soft food and finally normal diet over about 6 weeks.

You can return to normal activities as soon as you feel able to. Most people take 1-2 weeks off work, by which point you should almost feel back to normal.

You can drive once you are able to comfortably wear a seatbelt and perform an emergency stop. This is different for everyone. We also recommend you tell your insurance company about the surgery.

Follow up

We will see you in the clinic approximately 2-3 months after your operation to check how you are. If you have problems and need to see us sooner, please contact your GP who can get in contact with us.

Further information

If you have further questions about your surgery, please contact your consultant's secretary or ask the team when you arrive for your operation.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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