

Hiatal Hernia Repair



What is a hiatal hernia repair?

A hiatal hernia is an abnormal bulging in your belly (abdomen). It happens when part of your stomach pushes up into an opening (hiatus) in your diaphragm. The diaphragm is a muscle between your stomach and your chest.

In most cases, your food pipe (esophagus) goes through the hiatus opening down to your stomach. But in a hiatal hernia, the upper part of your stomach moves up through the opening into your chest. The upper part of your stomach then gets pinched. Stomach acid can flow up through the opening. This can cause heartburn and other symptoms, such as regurgitation and trouble swallowing.

You may not need surgery. But if your case is serious, you will need a hiatal hernia repair. This is often done through laparoscopic surgery. In laparoscopic surgery, your healthcare provider makes small cuts (incisions) in your body. They put a long, thin tube (laparoscope) that has a camera and small surgical tools into the cuts to repair the hernia.

In some cases, you may need open (traditional) surgery to repair your hiatal hernia.

Why might I need a hiatal hernia repair?

A hiatal hernia repair is a serious surgery. You will need some time to recover after the surgery. Your healthcare provider will suggest this surgery if you have a hiatal hernia and long-term (chronic) heartburn and other symptoms. They will try other things before doing surgery.

What are the risks of a hiatal hernia repair?

Laparoscopic surgery is a safe surgery. But all surgeries have risks. The risks of a hiatal hernia repair include:

- Internal bleeding
- Infection
- Damage to nearby organs
- Postoperative symptoms, such as trouble swallowing, trouble belching, or acid reflux

How do I get ready for a hiatal hernia repair?

Your healthcare provider will explain the surgery to you. Be sure to ask any questions you may have.

Tell your healthcare provider about all the medicines you take. This includes over-the-counter medicines, such as ibuprofen. It also includes vitamins, herbs, and other supplements.

You will be asked to sign a consent form that gives your permission to do the surgery and get anesthesia. Read the form carefully and ask questions if something is not clear.

Your healthcare provider will ask questions about your past health. They will also do a physical exam. This is to be sure you are in good general health before having the surgery. You may also have blood tests or imaging tests.

Tell your healthcare provider if you:

- Are pregnant or think you may be
- Are sensitive or allergic to any medicines, iodine, latex, tape, or anesthesia drugs (local and general)
- Have a history of bleeding disorders or are taking any blood-thinning (anticoagulant) medicines, aspirin, or other medicines that affect blood clotting (you may have to stop taking these medicines before your surgery)

You must not eat or drink anything for 8 hours before the surgery. This often means no food or drink after midnight.

Your healthcare provider may have other instructions for you based on your medical condition.

What happens during a hiatal hernia repair?

Your healthcare provider will decide if you should have a laparoscopic surgery or an open repair. Laparoscopic surgery has smaller incisions and a shorter recovery time.

A hiatal hernia repair is most often done while you are asleep under general anesthesia. Your healthcare provider will decide what kind of anesthesia to use. This will depend on the reason for the surgery and your overall health.

Ask your healthcare provider about the details of your surgery. In general, you can expect the following:

1. You will be asked to take off any jewelry or other items that may be in the way during surgery.
2. You will be asked to take off your clothes and wear a hospital gown.
3. An IV (intravenous) line will be inserted in your arm or hand. This is so that you can be given fluids and medicines.
4. A thin tube (catheter) may be put into your bladder. This will help you to urinate safely during surgery.
5. You will be placed on your back on the operating table.
6. The anesthesiologist will keep checking your heart rate, blood pressure, breathing, and blood oxygen level during the surgery.
7. If you have too much hair at the surgical site, it will be clipped off.
8. The skin at the surgical site will be cleaned with an antiseptic solution.

For a laparoscopic hiatal hernia repair, your healthcare provider will make small incisions in your belly. Carbon dioxide gas will be put into your belly to make it swell. This helps your healthcare provider see your organs more clearly. Then they will insert a tube that has a camera and surgical tools in it to repair the hernia.

For an open repair, your healthcare provider will make a larger incision at the site of the hernia. They will then repair the hernia by hand, using surgical tools.

Once the surgery is over, your healthcare provider will close the incisions.

What happens after a hiatal hernia repair?

After surgery, you will go to the postanesthesia care unit (PACU). Your healthcare team will watch your vital signs, such as your heart rate, blood pressure, and breathing. Your recovery will vary depending on the type of anesthesia you had. Once your blood pressure, pulse, and breathing are stable and you are alert, you will go to your hospital room.

When you are home, you must keep the incisions clean and dry. Your healthcare provider will give you instructions on how to bathe. Any stitches or surgical staples used will be removed at a follow-up office visit. If adhesive strips were used, they should be kept dry. They will often fall off in a few days.

If you had a laparoscopic repair done, you may feel pain from the carbon dioxide gas that is still in your belly. This pain may last for a few days. You should feel a bit better each day.

Your healthcare provider may let you take a pain reliever. But it's important to note that aspirin or other types of pain medicines may raise your risk of bleeding. So be sure to take only medicines that your healthcare provider has approved.

You may be allowed to drink clear fluids a few hours after your surgery. You may slowly be able to add more solid foods. If you have nausea or vomiting afterwards, you will remain on liquids or stop eating for a time. Sometimes a tube is placed into the stomach to help with symptoms.

You may need to limit activity after surgery, but it's still important to move. Your healthcare provider may also have other instructions for you.

Call your healthcare provider if you have any questions about your recovery. Also call if you have any of the following symptoms:

- Fever or chills
- Redness, swelling, bleeding, or other drainage from the incision site
- More pain around the incision site
- Vomiting
- Trouble urinating

Next steps

Before you agree to the test or procedure make sure you know:

- The name of the test or procedure
- The reason you are having the test or procedure
- What results to expect and what they mean
- The risks and benefits of the test or procedure
- What the possible side effects or complications are
- When and where you are to have the test or procedure
- Who will do the test or procedure and what that person's qualifications are
- What would happen if you did not have the test or procedure
- Any alternative tests or procedures to think about
- When and how will you get the results
- Who to call after the test or procedure if you have questions or problems
- How much you will have to pay for the test or procedure

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