

PATIENT INFORMATION · PROCEDURE 12

Hiatal Hernia Repair

Laparoscopic repair of sliding and paraoesophageal hiatal hernias.

A hiatal hernia occurs when part of the stomach slides up through the diaphragm into the chest. Small ones cause reflux; large paraoesophageal hernias can cause chest pain, shortness of breath, and — rarely — obstruction.

What it involves

Laparoscopic hiatal hernia repair reduces the stomach back into the abdomen, closes the widened opening in the diaphragm (the hiatus), and typically adds a fundoplication to control the reflux that usually accompanies it.

Hiatal hernias are classified into four types. Type I (sliding) is by far the most common and is closely associated with reflux disease. Types II–IV (paraoesophageal) are less common but more serious — the stomach or other organs sit in the chest, and mechanical complications are possible.

Symptoms depend on hernia type. Sliding hernias cause heartburn, regurgitation, and night-time symptoms. Paraoesophageal hernias cause post-meal chest pain, early fullness, breathlessness, and occasionally iron-deficiency anaemia from Cameron ulcers.

Repair addresses three things: reducing the herniated stomach back into the abdomen, closing the widened diaphragmatic hiatus (with mesh if the tissue is thin), and preventing recurrent reflux with a fundoplication.

When it's indicated

Symptomatic sliding hiatal hernias with reflux not controlled by medication. All large paraoesophageal hernias (Type II–IV), particularly if symptomatic or growing.

The approach

Repair techniques vary by hernia size and anatomy. Small hernias close primarily with sutures. Larger defects may require mesh reinforcement — a decision made based on tissue quality at surgery.

Recovery

One to two nights in hospital. Liquid diet for one week, soft food for two weeks. Return to desk work at one to two weeks. Full recovery at four to six weeks.

Common questions

Do all hiatal hernias need surgery?

No. Small sliding hernias with well-controlled reflux can be managed medically. Surgery is reserved for symptoms not controlled on medication and for larger paraoesophageal hernias.

Is mesh used for hiatal hernia repair?

Selectively — for large hiatal defects with thin crural tissue. Biological or absorbable meshes are preferred at the hiatus to avoid oesophageal complications.

Do hiatal hernias recur after repair?

Small hernia recurrences are common on strict imaging follow-up but usually asymptomatic. Symptomatic recurrence requiring reoperation is under 5–10%.

This brochure is general information about a surgical procedure and does not replace a consultation. Every patient's circumstances are different — please discuss your specific case with Dr Marais before deciding on treatment.