**Hiatus hernia and esophagus disorder:**

**1-reflux esophagitis:**

**Definition: difficulty in swallowing (dysphagia) is the most common symptoms' of esophageal disease .this symptoms may range from an uncomfortable feeling that a bolus of food is "caught" in the upper esophagus before it eventually passes in to the stomach. Acute pain on swallowing (odynophagia).**

**2-hiatus hernia: cause reflux be causes the pressure gradient between the abdomen and thoracic cavities, which normally pinches hiatus is lost .it addition the oblique angle between the cardia and esophagus disappear .many patients who have large hiatus hernias developed reflux symptoms', but the relationship between the presence of hernia and symptom's is poor. Hiatus hernia is very common in individuals who have no symptoms', almost all patients who develop esophagitis, Barrett's esophagus, or peptic (structures have a hiatus hernia).**

**Causes: \***

**1-delayed esophageal clearance.**

**2-gastric contents.**

**3-defective gastric emptying.**

**4-increased intra-abdominal pressure.**

**5-dietary and environmental factors.**

**\*Pathophysiology :**

**The esophagus enters the abdomen through an opening in the diaphragm , to empty at its lower end , in to the upper part of the stomach , the opening in the diaphragm normally encircles the esophagus tightly , the stomach lies completely with in the abdomen, in condition known ( hiatus or hiatal hernia ) the opening in the diaphragm through which the esophagus passes becomes enlarged, and part of the upper stomach tend to come in to lower portion of the thorax. This complication may be present in the many patients without signs or symptoms' . it is only when the sphincter of the lower end of the esophagus becomes in competent and reflux occurs that symptoms develop.**

**Nursing diagnosis :**

**\*specific assessment question are:**

**1-where is the pain? 2- when did the start? 3-does it occur before or after you eat? 4-how long does it last? 5-how frequently does it occur? 6-what aggravates or relieves the pain? 7-what food seem to aggravate or irritate the problem? 8-is the related to changes in your position ?9-does sitting upright relieve pain?**

**\*Clinical manifestation:**

**1-feeling 0f fullness in the lower chest and as plashing sound noted in the sub sternal area in patients in whom the hiatal hernia is large.**

**2-gastric juice produced by stomach tends to be retained in the portion of the stomach above the diaphragm.**

**3-ulceration and bleeding may occur.**

**4-the major symptoms are heart burn and regurgitation .**

**5-som patient are woken at night by choking as refluxed fluid irritates the larynx.**

**6-other develop odynophagia or dysphagia.**

**7-avariety of extra-esophageal feature have been described such as atypical chest pain which may be sever.**

**8-other include so-called acid laryngitis.**

**9-recurrent chest infection.**

**10-finally , the erosive action pf the gastric juice on the stomach and the lower esophagus may produce a condition known as esophagitis which cause pain and discomfort in the sub sternal area.**

**\*important features of hiatus hernia :**

**1-herniation of the stomach through the diaphragm in to the chest.**

**2-occurs 30% of population over the age of 50 years.**

**5-heart burn and regurgitation can occur.**

**6-gastric volvulus may complicate large para-esophageal hernia.**

**\*management:**

**When the hernias are of the sliding type caxial esophagogastric :**

**1-the patient is placed on a strict medical regimen of antacids and advised to avoid lying down after meals ( or the head of the bed should be elevated ).**

**2-should be avoid tight garments and heavy lifting.**

**3-weight reduction is adequate treatment for about 90% of patients.**

**4-administered diazepam(valium) before meals**

**\*when the hernia is of the rolling type(concentric, Para esophageal, it must be corrected surgically the same is true of sliding hernia in which symptoms occur.to correct the main problem caused by reflux . modern surgical treatment involves wrapping the esophagus (fundoplication). Other techniques (volvuloplasties) are available.**

**\*nursing management:**

**1-used for any thoracotomy or laparotomy, in patients with thoracotomy, a chest tube is used often introduced and placed in closed suction , the drain is usually taken out in a day or two of the lung has completely expanded.**

**2-given the patient fluid and food on the second of third day after operation and gradually increasing amount of food.**

**\*complication**

**1-esophagitis.**

**2-barretts esophagus: is apre-malignant condition in which the normal squamous lining of the lower esophagus is replaced by columnar mucosa (columnar lined esophagus )(clo) containing areas of intestinal metaplasia. It occurs as adaptive.**

**Reference:**

**1- Brunner/ studdarth**

**Text book of medical- surgical nursing / fifth edition 1984.**

**2-Davidsons medicine (Nicki r. college, Brian r. walker, Stuart h. Ralston) 21st edition 2010.**