NCLEX-RN · KLIMEK REVIEWS · LECTURE 30

STUDY CARD · 2026

Dumping Syndrome *vs.* Hiatal Hernia

Two of the five most-tested GI disorders on NCLEX — and complete opposites.

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THE ONE IDEA THAT SOLVES BOTH

Both are *stomach-emptying problems*. Memorize them as a **PAIR**, not separately. **"Hiatal" has the word HIGH in it** → *everything is HIGH* (HOB, fluids, carbs). **Dumping = LOW everything.**

01 · PATHOPHYSIOLOGY SNAPSHOT

What's actually happening

HIATAL HERNIA

Stomach pushes UP through diaphragm

> *Acid regurgitates back into the esophagus because the upper stomach has herniated upward through the esophageal hiatus.*

- Lower esophageal sphincter (LES) becomes incompetent
- Food meets the diaphragmatic obstruction → cycles back UP
- Chronic acid exposure → esophagitis, Barrett's, stricture
- Symptoms can mimic an MI — always rule out cardiac first

DUMPING SYNDROME

Stomach contents DUMP DOWN too fast

> *A complication of post-op gastric surgery — pyloric sphincter is bypassed or destroyed, so hyperosmolar food rushes into the duodenum/jejunum.*

- Always post-op: gastrectomy, Billroth, bariatric bypass, Whipple
- Fluid pulled into bowel → distension + ↓ circulating volume
- Early dumping (15–30 min): vasomotor — palpitations, dizziness
- Late dumping (1–3 hr): reactive hypoglycemia from insulin surge

02 · DIRECTION VS. RATE

The diagnostic frame

	HIATAL HERNIA	DUMPING SYNDROME
Direction	WRONG — gastric contents go UP (regurgitate) instead of down	CORRECT — they go down like they should
Rate	CORRECT — emptying speed is normal	WRONG — way too fast into the duodenum

03 · SIGNS & SYMPTOMS

When & where the symptoms hit

HIATAL HERNIA

Upper GI · when LYING DOWN after eating

- Heartburn, sour taste, regurgitation
- Epigastric / chest pain (rule out MI)
- Burping, indigestion
- Symptoms worsen at night / when supine

DUMPING SYNDROME

Lower GI · when SITTING UP after eating

- Diarrhea & abdominal cramping
- Borborygmi (hyperactive bowel sounds)
- Abdominal distension
- Palpitations, dizziness, diaphoresis (vasomotor)

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MEMORY TRICK

Upper GI when Down · **Lower GI when High (sitting Up)**

04 · TREATMENT

The HIGH vs. LOW cheat sheet

Hiatal Hernia GOAL: EMPTY STOMACH		Dumping Syndrome GOAL: FULL STOMACH
↑	**HIGH HOB** during & 1 hr after meals · Gravity empties stomach faster	↓ **LOW / FLAT HOB** flat or side-lying · Slows gastric emptying
↑	**HIGH fluids** with the meal · Liquids empty faster	↓ **LOW fluids** with meals · Solids slow emptying
↑	**HIGH carbohydrate** · Carbs pass through stomach quickly	↓ **LOW carbohydrate** = HIGH protein · Slows emptying

VS.

⚠ "HIGH FLUIDS" DOES NOT MEAN

Force fluids

Do not increase total daily fluid intake. **Just pick the meal tray with the most liquid items on it.**

⚠ "LOW FLUIDS" DOES NOT MEAN

Fluid restriction

Patient gets normal total fluids. **Just space them between meals — about 2 hours after eating.**

05 · NCLEX TRAPS & MEMORY

What the test loves to ask

⚠ Mistake #1 — Reverse positioning

Confusing which condition gets HIGH Fowler's. Anchor: condition with "HI" in its name = HIGH HOB.

⚠ Safety — Aspiration risk

Laying a hiatal hernia patient flat after eating risks aspiration of gastric acid → pneumonitis. Sit them UP.

⚠ Safety — Syncope & falls

Sitting a dumping patient upright after meals causes hypotension, dizziness, fall risk. Keep flat.

★ Priority — Position is FREE

Repositioning is an independent nursing action — almost always the first/best NCLEX answer.

🧠 Memory — "HIatal = HIGH"

Word "HI" embedded in the diagnosis = everything HIGH. Dumping = the opposite (LOW, LOW, LOW).

🧠 Memory — Surgery clue

Any post-gastrectomy / Billroth / bariatric / Whipple patient with post-meal symptoms = DUMPING.

⚠ Late dumping ≠ Early dumping

15–30 min after eating = vasomotor (cramps, palpitations). 1–3 hr after = reactive HYPOglycemia.

★ Diet rephrased

"Low carb" and "high protein" are the SAME diet for dumping syndrome. NCLEX swaps the wording.

06 · MINI PRACTICE

Rapid-fire self-check

Q1 **A post-Billroth II client reports cramping and palpitations 20 min after lunch. Which action is FIRST?**

Lay the client flat / side-lying. This is early dumping syndrome. Repositioning is the immediate independent nursing intervention to slow emptying and address impending hypotension.

Q2 **A hiatal hernia patient asks what to do after meals. Best response?**

"Stay sitting up in high Fowler's for at least an hour after eating." Gravity empties the stomach faster and prevents regurgitation.

Q3 **Which lunch tray fits a dumping syndrome diet?**

Grilled chicken, scrambled eggs, cheese, no juice. High protein, low carb, low fluids with the meal. Save the water for ~2 hours later.

Q4 **Hiatal hernia patient says "I'll cut down on my water and eat dry toast." Reinforce or correct?**

Correct. They need HIGH fluids with meals (liquid empties faster) and HIGH carbs. Dry toast + low water is the dumping syndrome diet — the OPPOSITE.