

All information written in this leaflet has been verified for use by our Consultant ENT Specialist Surgeon.

For further information please ask a member of our staff or visit [www.ent.uk](http://www.ent.uk)

## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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United Lincolnshire Hospitals   
NHS Trust

# Surgery to Correct Pharyngeal pouch

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## **Aim of the leaflet**

This leaflet is aimed at patients undergoing surgery to correct a pharyngeal pouch. It aims to explain the procedure and what to expect afterwards.

## **Surgery to correct pharyngeal pouch**

- a. Endoscopic stapling of pouch
- b. Cricopharyngeal myotomy
- c. Excision diverticulectomy .

## **What is a pharyngeal pouch?**

This is a condition which is “acquired”, usually later in life, when the muscles in the pharyngeal wall do not relax and contract effectively during swallowing and therefore an “out pouching” or sac like protrusion occurs. As a result some food collects inside the pouch instead of passing into the oesophagus (food passage) as normal.

## **Do I need to have an operation to correct this or is there an alternative?**

You will have experienced some problems with eating and drinking, such as difficulty swallowing, choking or coughing on eating, a feeling of something stuck in your throat and/or regurgitation of food and subsequent weight loss. If left untreated symptoms could get worse. A routine surgical procedure can correct this for you. Your consultant will have already discussed and recommended this to you.

- You will be given antibiotics via your intra-venous line for approximately 24-48 hours.
- You will be given Heparin (an anti-coagulant) in the form of a small injection daily, until you are fully mobile.
- If you have had the open procedure performed, you will have a small wound drain into the side of your neck. This is to prevent any blood or fluids collecting around the operation site. This usually stays in place for about 2-3 days, or until there is minimal drainage.
- If you have had the open procedure you will have clips/ sutures in your neck, these will be removed at 7-10 days post operation.
- If you have had endoscopic stapling of the pouch, you should be able to go home the next day after your operation as your condition allows.
- If you have had one of the other procedures your stay in hospital will be a little longer, some 7-10 days.
- You will be followed up 2 weeks following surgery

## **Contact details**

If you have any questions about any of the information contained in this leaflet please contact:

Ear, Nose and Throat Department:

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## What should I expect after my operation?

- You will be given pain relief during your operation and should feel comfortable on waking up from the anaesthetic. If you have any discomfort or pain, inform the nurse who is caring for you and you will be given an injection/or tablets for this.
- You will need to rest initially, but will be helped to get up and move around as you feel able.
- You may have oxygen therapy given initially. Your temperature, pulse and blood pressure will be taken regularly by the nurse.
- You will have an intra- venous infusion (drip) in progress on return to the ward, this will be discontinued once you are able to eat and drink normally.
- If you have had **endoscopic stapling** of your pouch, you should be able to take fluids orally within 4-6 hours and begin to eat by the next day.
- If you have had the pouch excised by open excision (**excision diverticulectomy**) (you will need to have special feed through a naso-gastric tube (which will have been placed through your nose and into your stomach during the operation.). You will be fed through this tube whilst the operation site is given time to heal properly. This is usually for about 5-7 days and you should be eating normally within 10 days.
- If you have had the cricopharyngeal myotomy procedure you can usually eat and drink normally within 2-7 days. If the mucosa is breached during the operation and the area has required suturing , you will be nil by mouth for 5-7 days and fed through a naso-gastric tube.

## How is the operation done?

There are 3 surgical choices for correction and all are performed under a general anaesthetic, so you will be asleep during the operation. Your surgeon will have decided with you on the surgical approach to treatment . This is decided on the findings of your Barium swallow, the size of the pouch and your age and general health.

Surgical choices are by :

- a. Endoscopic stapling of the pouch
- b. Cricopharyngeal myotomy
- c. Excision diverticulectomy .

### Stapling of the pouch

This entails passing a specialised oesophagoscope into the pharynx and oesophagus and the area divided by stapling. This does not remove the pouch, but opens up the neck of the pouch so that any food that enters the pouch can drain freely into the oesophagus as it would normally.

### Cricopharyngeal myotomy

Sometimes the surgeon will do a cricopharyngeal myotomy. This can be done alone to treat a small pouch or it can be done with stapling or excision diverticulectomy. Cricopharyngeal myotomy is where the cricopharyngeal muscle is divided through an incision in the neck. This relaxes the muscle and resolves the symptoms if the pouch is small.

The above procedures are done initially depending on the size of the pouch. If they are not successful to correct the pouch or if the pouch is too large the pouch is excised by means of a neck incision or **diverticulectomy**.

## What are the risks involved in surgery?

- a. Stapling of pouch.
  - The surgeon may have to proceed to diverticulectomy.
  - Perforation and subsequent infection causing salivary leakage.
  - The pouch may reform and you may need further surgery.
  
- b. Open procedure and excision of the pouch.
  - Recurrent laryngeal nerve injury (causes weakness of the facial muscle and/or a hoarse voice.)
  - Perforation at site of the operation and therefore infection to the surrounding tissues.
  - Stenosis (narrowing of the food passage on healing.)
  - Fistula formation.
  - Chest infection.

## What happens before the operation?

You will be assessed pre-operatively 1-2 weeks prior to your surgery.

Your medical history is taken and fitness for surgery advised. You will be asked to sign a consent form after the operation has been explained to you fully. If you have any questions please ask.

Any necessary tests will be carried out i.e. blood tests, x-rays, ECG (tracing of your heart.)

The medication you are currently taking will be discussed with you and advice given as required. You will be given advice on when to stop eating and drinking before your operation.

The anaesthetist will come and visit you on the ward the day of your operation.