

Excision of Pharyngeal Pouch (Zenker=s Diverticula)

WHAT IS EXCISION OF PHARYNGEAL POUCH?

This is an operation to remove an abnormal diverticulum, or pouch, protruding from the esophagus. An incision is made in the neck and the pouch is dissected free; the wall of the esophagus is treated to prevent further bulging. The operation, which is performed under general anesthesia, requires a hospital stay of at least a week.

RISKS AND BENEFITS

Except in the mildest cases, or in the very frail, surgery is recommended for this distressing condition on both social and medical grounds. Besides dealing with the embarrassment and discomfort of eating difficulties, excision of the pouch ensures improved nutrition and prevents contamination of the lungs by food matter. The risks of surgery (besides the usual ones of general anesthesia) include: hemorrhage; infection; damage to the nerve supply to the voice box, resulting in hoarseness; and (rarely) collapse of a lung.

WHY IS IT PERFORMED?

A pharyngeal pouch is formed when the lining membranes of the esophagus push through the surrounding muscle fibers at what has come to be recognized as a weak point in the esophageal wall. Initially quite small, the pouch gradually becomes distended with trapped food and balloons outward, usually into the space between the esophagus and the spinal column. Long-time sufferers can sometimes empty the pouch by finger pressure on the side of the neck.

Patients with this condition (mostly elderly people) experience difficulty in swallowing and frequent regurgitation of undigested food. There may be hoarseness due to chemical irritation of the throat from spillage of pouch contents, and food matter may find its way into the airway, causing serious lung problems. In extreme cases, there may be weight loss due to inadequate nutrition. Surgery is directed towards removing the pouch and making a small cut in the muscular wall of the esophagus in such a way as to prevent recurrence.

THE PROCEDURE

PREPARING FOR SURGERY

The degree of preparation will depend on your overall condition. If you have had chest problems due to pharyngeal pouch, you may be given physiotherapy for a day or two before (and again after surgery). The pouch itself is emptied before surgery and you may be asked to rest head-down as much as possible, receiving only clear fluids for the last 24 hours. You will be given a thorough physical, and blood and urine samples will be taken for analysis. Your blood will be crossmatched in case you need a transfusion, in the very unlikely event of excessive bleeding.

ON THE DAY OF SURGERY

Having taken nothing by mouth since midnight, you will be asked to take a shower or bath (and men to shave) and to remove any make-up, jewelry, or dentures. Dressed in a hospital

gown, you will be given your premedication an hour or so before surgery.

IN THE OPERATING ROOM

The surgeon works with you lying, anesthetized, on your back, with a small pillow beneath your shoulder blades. Once the incision has been made, the powerful muscles of the neck are drawn aside to reveal the trachea, with the encircling thyroid gland, and the esophagus. The pouch, usually lodged between the esophagus and the vertebral column, must be located and cleansed before it can be excised. The neck of the pouch is then stitched closed and the pouch itself is dissected free. Next, a small vertical cut is made to prevent recurrence at the particular point in the esophagus muscular wall believed to be involved in causing pharyngeal pouch. Finally, a drain is inserted into the cavity and the wound is closed. You will be taken to the recovery room for monitoring as you come out of the anesthetic. You may wake to find a nasogastric tube in position and an intravenous infusion to replace essential fluids.

BACK IN YOUR ROOM

Your vital signs (temperature, pulse, blood pressure, respiration) will be checked frequently in the first few postoperative hours. You will feel sleepy and possibly nauseous, and your neck will be swollen and sore. You will be given painkillers as necessary and drugs to relieve nausea. You should be able to get out of bed on the first postoperative day. The wound drain is usually removed within a day or two of surgery, and the sutures are removed within 5-7 days. To allow healing to take place, you will receive a liquid diet through the nasogastric tube for the first few days. Once the tube is removed you will start on soft foods first, progressing to a normal diet within a week or so.

GOING HOME

On leaving the hospital, you will be given an appointment for a postoperative checkup with your surgeon. You will be advised to take things easy for a few weeks, but in practice recovery from this operation is usually quite rapid, and you should be able to resume all normal activities, including driving a car and going to work, within a month.

POSSIBLE COMPLICATIONS

A fairly common complication of pharyngeal pouch surgery is the formation of a fistula (an abnormal opening) enable food or fluid to escape. Most fistulae heal without further treatment if a nasogastric is used for feeding while the wound begins to heal. Rarely, air may leak through the suture line (stitches) into the surrounding tissues. A small minority of patients may suffer a recurrence of pharyngeal pouch, requiring further surgery.