Pharyngeal pouch surgery

We hope this leaflet will help you to understand a little more about your operation and the treatment you will receive after surgery. If you have any further questions, please do not hesitate to ask a member of the nursing or medical staff. They will be happy to help you. You may also log on to the official ENT website for further information: http://www.entuk.org/

What is pharyngeal pouch surgery?

This operation is carried out to staple and divide or to excise a pharyngeal pouch. A pharyngeal pouch is a pocket that forms in the upper part of the oesophagus (gullet). Food collects in the pouch instead of going down the oesophagus causing difficulty in swallowing and loss of weight. Some food may regurgitate (comes back undigested) in the throat and mouth causing coughing and chest infections.

The surgery is carried out under general anaesthesia. Stapling does not involve any skin incisions and is done through an endoscope in the throat.

Sometimes if stapling is not possible then an external neck skin incision is required to excise the pouch. A drain (plastic tube) is placed through the skin near the wound to prevent a blood clot forming in the wound if an external approach is undertaken.

Preparation for admission to hospital

You will usually be invited to attend a pre-operative assessment clinic before you come into hospital. A nurse will see you in this clinic. We will ask you to complete a health questionnaire. The assessment will include tests for blood pressure, pulse, urine and possibly a heart trace (ECG). We will also record your height and weight and possibly take an x-ray.

Admission

You will receive a letter to confirm the date of admission. The letter will explain all preparations required before you come into hospital for your surgery. Please read carefully and follow the instructions.

On the day of your admission, please ring the Admissions Department (using the telephone number printed on your admission letter) to confirm that there is a bed ready for you, as occasionally it may be needed for an emergency.

Post-operative care

- The drain (if used) is removed from your neck the day after your operation
- You may drink water after your operation, gradually building up to a normal diet after 3-4 hours
- If everything goes well you will be able to go home after one or two days
- We will send a referral letter to the practice nurse at your GP surgery, so she can remove your stitches (if appropriate) after one week
- Please make an appointment to see your practice nurse as soon as you are discharged from hospital
- Keep the wound dry until the stitches have been removed
- For pain relief you may buy and use Paracetamol tablets. Do not take more than eight tablets in 24 hours.
- Do not go back to work, or take part in any sporting activities, until you are advised to do so (usually two weeks)

- You will need someone to drive you home from hospital
- If you have severe pain, fever, difficulty swallowing or swelling of your neck, contact your GP

What are the risks and complications?

Any operation may lead to problems, including the following general risks:

- Injury to nearby tissues and excessive bleeding
- Infection
- Allergic reaction to drugs and/or anaesthesia
- Breathing difficulty
- A blood clot in the leg called a DVT (deep vein thrombosis), and/or a blood clot in the lungs called PE (pulmonary embolus)

Complications specific to this operation

- Weakness of the voice and hoarseness due to injury of the nerve that feeds the voice box
- Blood clot (haematoma) formation under the skin which might require return to theatre for drainage
- Perforation of the oesophagus (gullet) which would require return to theatre to close the hole surgically
- Damage to the teeth, crowns, gums, lips and tongue from the metal endoscope
Contact details
ENT secretaries
01823 342166 / 342168

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