

Pharyngeal Pouch Repair

Procedure

There are 2 main operations for treating a pharyngeal pouch:

- 1) Dohlman's Procedure (endoscopic stapling technique)
- 2) Cricothyromyotomy (open muscle splitting technique)

Normal pharyngeal function

The normal pharynx acts as a passage between the mouth, nose, main airways and gullet (oesophagus). When one swallows food, it passes from the mouth to the pharynx and through to the upper oesophagus. For food to enter the upper oesophagus, a muscle band at the top of the oesophagus (known as a sphincter) must relax as the food approaches.

Reasons for the operation

If the pharynx has a pouch, food can get caught in this pouch causing unpleasant symptoms such as:

- 1) Regurgitation of food especially on lying flat.
- 2) Gurgling noises in the throat
- 3) Lump in the neck/throat
- 4) Difficulty in swallowing
- 5) Weight loss

Preparing for the operation

Instructions will be given about coming into hospital when your admission is arranged, it may be necessary to attend before your operation if you take regular medications or if you have any health problems.

The day of the operation

Both methods of repairing an oesophageal pouch require an overnight stay in hospital. On the day of the operation you will meet the doctor who will anaesthetise you during the operation.

If you undergo the stapling surgery, while you are asleep, a tube with a camera on the end (an endoscope) will be passed into your mouth to examine the pouch. The stapling gun will then cut and staple the pouch wall with adjacent normal tissue so that food cannot get caught. This operation also involves cutting muscle band (sphincter) at the top of the oesophagus reducing the chance that this problem re-occurs.

The open muscle splitting technique involves a cut in the neck. The surgeon then cuts down until he finds the pouch. The pouch is then removed or pushed into the oesophagus and the sphincter is then removed or pushed into the oesophagus and the sphincter is then cut, like in the stapling surgery.

Post operative care

After the operation all patients are carefully monitored on the ward to make sure that they are recovering from the anaesthetic and also to identify any patient who is developing a complication of surgery, such as a leak in their oesophagus.

Patients undergoing the stapling technique may start to drink fluids on the day of the operation and gradually build up to normal food.

Patients undergoing the muscle splitting operation will often have a drain put in their neck whilst asleep. This is removed on the ward a day or 2 after the operation. Initially patients do not eat and drink but are fed through a tube which travels from the nose to the stomach, while the internal oesophagus wound is healing. Patients are normally discharged a few days following the operation, if all is well.

Complications – which are very rare

Complications which apply specifically to this operation include bleeding (which may need to be stopped by a further operation), a hole developing in the oesophagus allowing fluid, food and air to enter the chest and a return of the initial swallowing problem. In addition the muscle splitting operation can lead to numbness around the scar, the neck wound may become infected and large blood vessels near to the wound could be damaged.

Follow up in clinic

One of the doctors within the ENT Department will review you in clinic 4 to 6 weeks after you are discharged from the ward. If you are well and have tolerated the operation, you will be discharged from our clinic under the care of your local general practitioner.