Correction of pharyngeal pouch

What is a pharyngeal pouch and why do I need this operation?
A pharyngeal pouch is a bulging pocket occurring at the top of the oesophagus (gullet in the neck). This can produce symptoms of a lump in the throat and the regurgitation of food in the mouth several hours after eating a meal.

This operation involves the removal of the pouch.

What are the benefits of correction of pharyngeal pouch?
You will no longer experience symptoms of a lump in the throat and the regurgitation of food in the mouth.

What are the types of operation?
There are 2 approaches to remove or reduce a pharyngeal pouch:

1. **Endoscopic** - A tube is placed through the mouth and a telescope used to visualise the pouch which is then cut using a special stapling device.

2. **External** - The pouch is found by making an incision through the skin in the neck.

What are the risks, consequences and alternatives associated with correction of pharyngeal pouch?
Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications such as:

- A hole/perforation may be caused by the instrument used in the endoscopic method.
- There is a small risk of bleeding - this may require further treatment or sometimes surgery.
- Infection.
- Leaking from where the pouch is removed - stitches or staples are placed at the area were the pouch is removed, very occasionally this is not watertight and a small amount of fluid may leak from the oesophagus (gullet) into the tissues of the neck.
- Damage to structures around the incision in the neck.
- There is a small possibility of the pouch recurring.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.
Your consultant has recommended this procedure as being the best option. However, the alternative to this procedure is dilatation (stretching the gullet). If you would like more information about this, please speak to your consultant or one of the nurses caring for you.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are that your symptoms will persist. If you would like any more information please speak to your consultant.

**Getting ready for the operation**
You will be asked to attend the pre-operative assessment clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

A dietitian will see you before your operation.

Please feel free to ask questions and raise any concerns you may have regarding your operation.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked to have a bath/shower before coming into hospital (if possible).

**Smoking cessation**
Smoking greatly increases the risk of complications during and after surgery. The sooner you stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. For free help and advice contact your GP or Fresh Start Stop Smoking Service.

**On admission**
When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

If the area of surgery is particularly hairy, the nursing staff will clip it using specialised clippers (so as to not cut or damage the area before your operation). Please do not shave the area yourself.

You will have the opportunity to discuss your operation with staff. It is important that you understand your operation, and the risks involved before you sign a consent form to this effect.

You will be given the choice of walking to the anaesthetic room or alternatively you could be taken in a wheelchair if you wish.
What sort of anaesthetic will I have?
Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. A small needle or cannula will be inserted into the back of your hand.

The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

What should I expect after the operation?
When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again.

If you have had endoscopic surgery you will be able to drink shortly after the operation and by the following morning be allowed to have a soft diet.

If you have had external surgery you will be unable to eat or drink by mouth following surgery and will be fed by a tube through your nose. Your surgeon will advise you when you will be able to eat and drink.

We recommend you take your time eating once your surgeon says you can eat and drink. You will probably begin with a soft diet.

Dressings for external surgery
Your wound will have stitches to keep it together while it heals. These will be removed in 7 days.

You will have a dressing/large plaster covering your wound.

Wound drain for external surgery
You may have a drain (a thin tube) coming from your wound. This drains any excess blood and fluid from your operation into a bag. This will be removed when the drainage volume is reduced.

Pain relief
If you experience pain it is important to tell the nurses who can give you painkillers to help.

Going home
If you have had endoscopic surgery you are generally able to go home within a few days of the operation.

If you have had an external surgery you may be in hospital for up to 7 days following your operation depending on the surgeon’s instructions.

Staff will be able to answer any questions you may have before your discharge.
DISCHARGE INFORMATION AND AT HOME ADVICE

Stitches
Your stitches will need removing after 7 days by the practice/district nurse at your GP surgery.

Pain relief
It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer’s instructions and do not exceed the stated dose.

Time off work and returning to normal activities
We advise you to take 2 weeks off work, depending on your employment. If you require a certificate, one may be issued from the ward. If you require a further certificate please see your GP.

Please take advice from the ward staff.

Further appointments
A follow up appointment will be sent to your home address.

Useful website
www.patient.co.uk

We hope your recovery is speedy and uneventful.

If you have any queries please telephone
Head and Neck Outpatients on 01332 787472,
Monday to Friday, 9.00am - 5.00pm.

After 5.00pm and at weekends contact
Ward 307 on 01332 787307

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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