Mr Nicholas Agar
GEELONG
Head and Neck

Revised 2021

Pharyngeal Pouch - endoscopic

A pharyngeal pouch can be likened to an internal hernia of the throat where it opens into your oesophagus (just behind the voice box). It typically occurs through a naturally weak point in the muscle lining at the very top of the oesophagus (food pipe). It develops over many years and is most common in men over the age of 60. The hallmark symptom is regurgitation of recently swallowed food, it also causes a generalised difficulty swallowing, a chronic cough and a gurgling sensation in the throat (borborygmi). A pouch is diagnosed on a barium swallow test. Open approaches to pharyngeal pouches are now uncommon and the majority of patients can be treated with an endoscopic procedure utilising either a stapling device or a CO2 laser depending on the size of your pouch.

The Operation
Surgery is performed through your mouth under a general anaesthetic and takes 30-90minutes. The aim is to divide the common wall between the pouch and the upper oesophagus, and in-particular to divide the tight muscle (crico-pharyngeus) at the top of your oesophagus which has predisposed to, and perpetuated the pouch.

Both myself and your anaesthetist will see you prior to the operation. Once you're asleep I will place a mouthguard to protect your teeth, examine your throat and decide which technique I will use. For a large pouch an endoscopic stapling device is used - the benefits of this technique is that it seals up the lining of your throat immediately and reduces the risk of a 'leak' of saliva into the neck tissues. If your pouch is very small then a stapler will not be effective and a laser will used instead. The down side of a laser is that it does not seal the internal hole in the oesophagus and I'm therefore much more cautious with allowing you to ear and will place a nasogastric tube to feed you through for a few days.

The Recovery
When you wake up in the recovery room you will have a sore throat and may have some specks of blood in your saliva. I will come to the ward at the end of my surgical list to discuss how things went.

If a stapling device was used you will typically stay 2 nights in hospital. I will keep you fasted until the day after surgery, at which point you can commence drinking 'clear fluids', and on the second post operative day you can start on free fluids and go home.

If a laser was used I am more conservative in the post op period and you will need to stay a minimum of 3 nights. I will have inserted a naso-gastric feeding tube through your nose during the procedure, and you can only have ice chips to suck for the first 48hrs. On day 2 you can start drinking clear fluids. On day 3 you can usually commence free fluids and go home.

Post Op Diet
You will need to have a very soft diet for 1 week while the throat is healing. After this period you can resume normal eating.

Post Op Medications
•IV Antibiotics will be prescribed for patients having a laser procedure.
•Pain relief is typically both regular paracetamol and a regular anti-inflammatory such as celecoxib.
•Occasionally patients need stronger opiate pain relief such as Oxycodone.

What can go wrong?
The surgery is usually uncomplicated however this procedure is certainly not without its risks. General symptoms of nausea, vomiting and drowsiness are reasonably common due to both the anaesthetic and any opiate pain killers. Serious drug reactions related to the anaesthetic are very rare.

•*Oesophageal Perforation:*
If saliva or food leak into the tissues surrounding the oesophagus you can become very sick with a condition call 'mediastinitis'. This complication can necessitate a stay in ICU and rarely can be so serious as to be fatal.

•*Subcutaneous emphysema:* It is common after laser division to develop a slight crackling feeling in the tissues of the neck on day 1 and 2 after your surgery due to small amounts of air escaping into the tissues around the oesophagus. If this is severe or associated with significant pain in the neck or upper chest/back then I will delay allowing you to start drinking.

•*Dental or lip/oral Injury:* such as minor splits in the lips or chips on the teeth can occur uncommonly.

•*Recurrent laryngeal nerve injury:* is extremely rare in endoscopic approaches and is much higher in open approaches. This causes a marked huskiness of the voice.

If you need help….
1) **In hours call me via my office 52218490.**
2) **After hours call me on my mobile 0425746617.**
3) **If urgent Call 000 or attend the emergency department at either St John of God or Barwon Health. Ideally do not attend the Epworth as I do not work at that institution.**