

Arizona Sinus Center

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Post-operative Instructions Following Endoscopic Pharyngoesophageal (Zenker's) Diverticulostomy

General:

Endoscopic pharyngoesophageal diverticulostomy is performed to address an abnormal pouch (diverticulum) that originates above a constriction at the entrance to the esophagus. The pouch forms because high pressures are required to force food and liquids from the mouth, through the constricted area, and down into the esophagus. Over time, a weak area in the lining of the throat eventually balloons out into the surrounding soft tissue. Over many years this can form a large pouch that can accumulate food, saliva and swallowed liquids. Patients with a pharyngoesophageal (Zenker's) diverticulum may experience difficulty swallowing and regurgitation of the swallowed material that gathers in the pouch. The first surgical treatments for this condition involved external neck incisions, extensive dissection and retraction of neck soft tissues, cutting out the entire pouch and dividing the muscular constriction in the upper esophagus. Certain patients are candidates for the endoscopic technique to address this type of diverticulum. In the endoscopic technique the pouch and constricted area are approached through the mouth with special scopes and instruments. The muscular constriction which caused the diverticulum is divided from inside the throat. The pouch is opened and connected to the esophagus to allow easier swallowing and prevent accumulation and regurgitation of food. This endoscopic procedure is performed under general anesthesia and may take 20 minutes to 1 hour depending on anatomic variations within the throat. Patients are usually discharged home 3-4 hours following the procedure.

Diet:

You may have clear liquids by mouth once you have awakened from anesthesia. Only clear liquids are allowed for the first 24 hours. After 24 hours you may begin a soft food diet and continue this until your 1 week post operative visit. The soft diet includes foods such as mashed potatoes, yogurt, scrambled eggs, pudding, jello, soups, soft pasta noodles, smoothies and ice cream, Until cleared by your doctor avoid foods that have a hard edge or are difficult to chew such as steak, French bread, and tortilla chips.

Continued on opposite side

Pain control:

You are likely to experience a mild to moderate sore throat for several days following surgery. Pain may also be referred to the ears. Don't be alarmed if you experience earaches during the first 1-2 weeks after surgery. The throat and ear pain is usually well controlled with prescription strength oral pain medications (Lortab Elixir, Tylenol #3, Ultracet). These narcotic pain medications can cause constipation. If you have not been prescribed a medication for constipation then you should take an over-the-counter laxative or stool softener while you are on the prescribed pain medication.

Activity:

No heavy lifting or straining for 1 week following the surgery.

Follow-up appointment:

Your follow up appointment in the office will be approximately 1 week following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please have a family member or friend contact our office when you arrive home from the surgery center.

Please call our office immediately if you experience:

- *Difficulty breathing**
- *Chest or neck pain**
- *Coughing up or vomiting blood**
- *Fever greater than 101 degrees Fahrenheit**

Office phone: (602) 258-9859 (an on-call doctor is available at all times)

If the Dr. does not return your call in 15 minutes, please proceed to your nearest emergency room. Call 911 for severe bleeding or difficulty breathing.

Website: www.arizonasinus.com