

Explanation of the Surgery for Difficulty Swallowing and Zenker's Diverticulum (Cricopharyngeal Myotomy/Endoscopic Diverticulotomy/Zenker's Diverticulectomy)

Surgery has been recommended to treat the difficulty you have with swallowing. Some of the symptoms you may be experiencing include the following:

- Food coming back up into the throat
- Feeling like food gets stuck in your throat
- Coughing if food goes the wrong way
- Lung infections if food is going into the lungs
- A lump in your neck that gurgles when you touch it
- Excessive mucus
- Weight loss
- Bad breath

The reason you are having difficulty swallowing is because the upper esophageal sphincter muscle (the cricopharyngeus muscle) is spasming and does not relax when you eat. If it doesn't relax, then food gets stuck in your throat. When this muscle continually spasms for a long time, it can cause an out-pouching of the lower throat (pharynx) into a sac (diverticulum). This is called a Zenker's diverticulum. Although the Zenker's diverticulum causes some of your problems with swallowing because it catches some of the food when you are eating, it is actually the spasming of the CP muscle that is the primary problem. If you have a Zenker's diverticulum, we will treat this as well as the CP muscle spasm. If you do not have a diverticulum, but only CP spasm, we can treat this as well on its own.

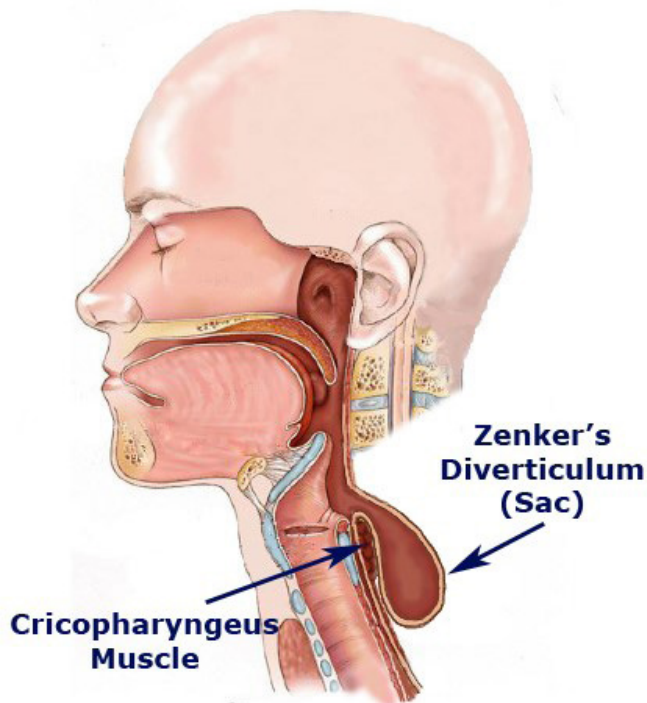


Figure 1.

This picture shows the cricopharyngeus muscle and the location of the Zenker's diverticulum.

Depending on your individual condition, we may suggest performing the surgery endoscopically (with a telescope placed through the mouth). When appropriate, we may recommend an open approach (with an external neck incision). On occasion, despite attempting to perform the surgery endoscopically, technical reasons prevent the surgery from being performed this way. In this circumstance, we would then convert to an open approach.

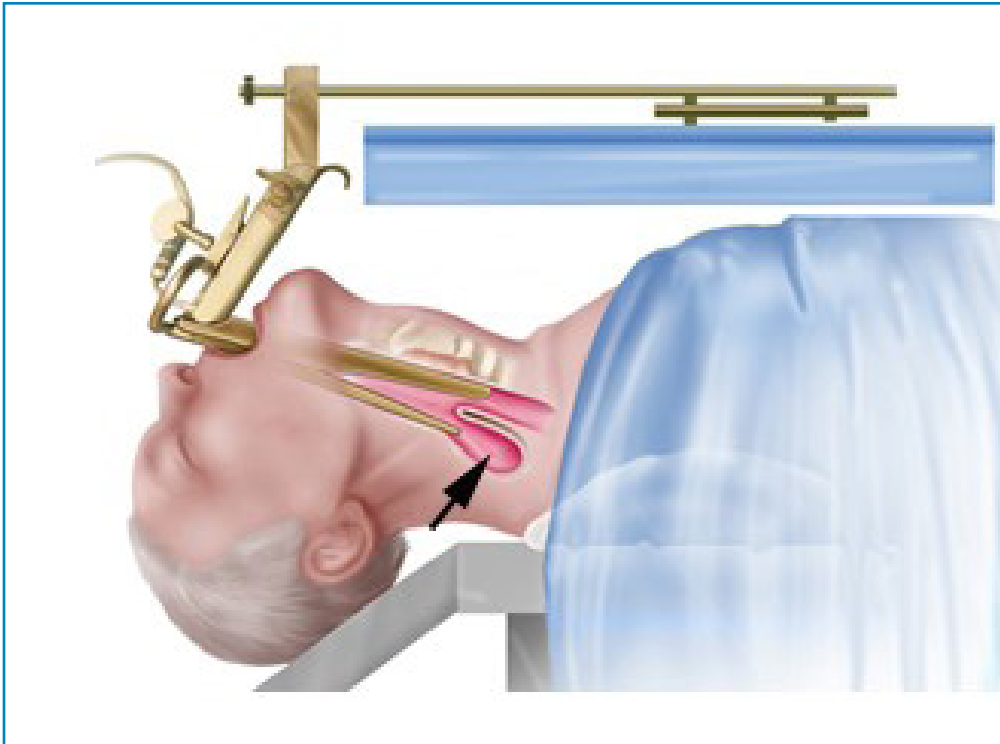


Figure 2.
This is a picture showing what the endoscopic treatment looks like.

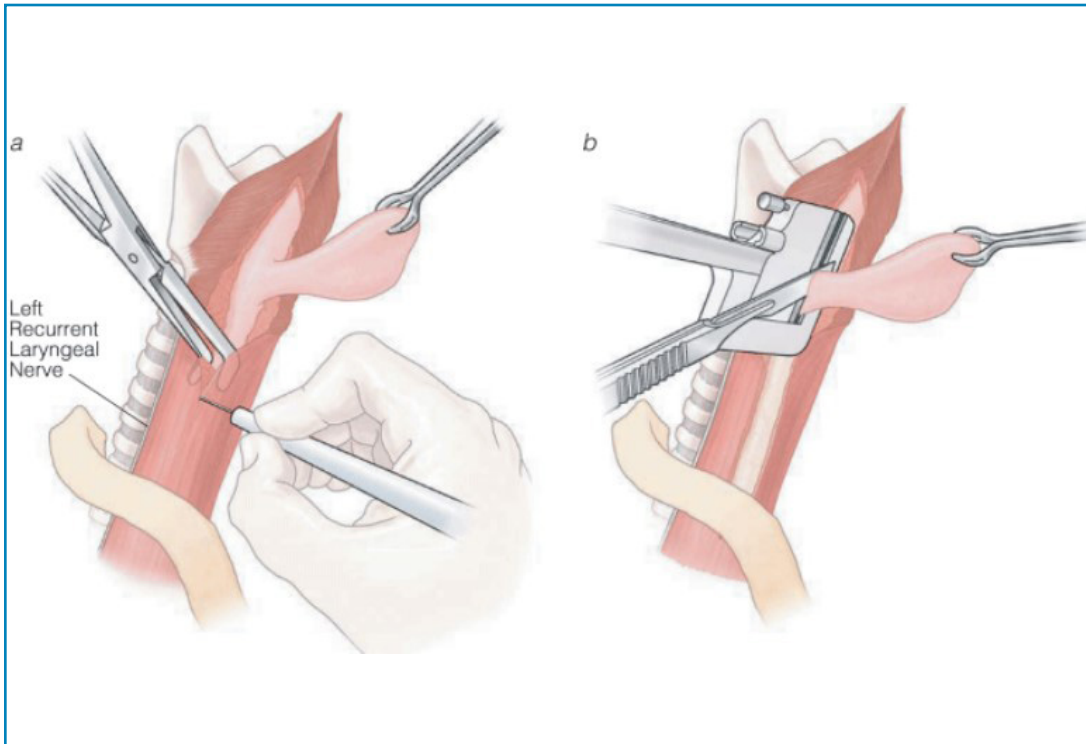


Figure 3.
This is a picture showing what the open treatment looks like.

Specific Surgical Risks/Complications

The indications and risks of surgery, as well as expected outcomes, must be understood prior to proceeding with your surgery. In addition, you must understand your alternatives to the surgery. Your alternative is not to have the surgery performed, and continue with medical management of your problem. This would leave you in your current condition.

Bleeding

Minor bleeding either through the mouth or from the incision is typically not a problem; however heavy bleeding deeper in the neck can be very serious and can potentially cause difficulty with breathing.

Infection

Wound incision infections are rare. However, since the surgery sometimes requires opening into the throat, there can be contamination of the bacteria from the throat into the clean environment of the neck. If the opening is performed at the time of the surgery (such as excision of the large sac), this will be managed with surgical closure of the defect. Typically then, the patient will need a temporary feeding tube placed through the nose which goes into the stomach, and an extended hospital stay (up to a week). Usually, the patient will heal fine. If the opening into the throat went unnoticed, or if an opening into the neck developed post-operatively and saliva leaked into the neck, this could potentially be a very dangerous infection. Serious, potentially fatal neck and chest infections could develop that would need extensive treatment. Fortunately, this serious infection is exceedingly rare, and if identified in a timely fashion, will usually still have a good outcome.

Hoarseness

The nerve that controls movement of the vocal cord is placed at risk during this surgery if an open procedure is performed. Injury to this nerve would lead to a hoarse voice, and possible trouble with swallowing. This injury is also very rare. If it was to occur, additional surgery might be offered to improve the voice and swallowing problems.

Persistent Swallowing Problems After Surgery

If the cause of swallowing difficulty is due to a combination of neurological problems, or problems with your esophagus (beyond the cricopharyngeal muscle), treating the CP spasm or Zenker's diverticulum may only help to open the pharynx. However, the other problems may be significant enough to cause persistent difficulties with swallowing. Therefore, despite a "successful surgery," difficulty swallowing can persist.

Recurrence

Especially with the endoscopic procedure, there can be an approximate 10% chance of recurrence of the Zenker's diverticulum. If the problem was to recur, it usually would take several years for this to happen. If there was initial success, then typically the endoscopic repair can be repeated.

Chipping of Teeth

On rare occasion, despite the use of tooth protectors during the surgery, the endoscopic procedure may result in one or more of your teeth getting chipped. If so, you would need to see your dentist after the procedure for dental restoration.

Numbness or Weakness of Your Tongue/Lips

If this occurs (only a problem if the endoscopic procedure is used), we expect it to be temporary. This occurs due to the telescope pressing against the side or top of your tongue or lips. This can occur despite the gentlest approach during the procedure. Pressure from the scope against the side of your tongue can also rarely cause a temporary weakness of the tongue.