

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552

Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

Clare Park Hospital

Switchboard – 01252 850216

Information for Patients on

Endoscopic Stapling of Pharyngeal Pouch

The ENT Partnership – Surrey Clinic

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Introduction

A pharyngeal pouch is a small pocket that can develop from the gullet in the neck.

It is more common in older people and occurs when part of the gullet bulges backwards through a weak area of muscle. The pharyngeal pouch can cause problems with regurgitation of food, difficulty swallowing and most seriously an increased risk of chest infections.

The ENT Consultants are

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

About the operation

Under a general anaesthetic a telescope is passed through the mouth to visualise the pharyngeal pouch. A stapling device is then used to cut and seal the pouch to allow food to pass freely again.

Risks of surgery

The most serious but very rare risk of this operation is a perforation (a hole) in the gullet. Should this happen during the operation it may be necessary to insert a drainage tube from the outside of the neck and pass a feeding tube into the stomach. If a perforation is suspected after the operation (usually within 48 hours) a feeding tube is also used with antibiotics until the hole repairs. In some instances further surgery is required. Although treatment is usually effective a perforation is potentially life threatening.

- There is a risk of damage to teeth and gums.
- Anaesthetics carry a small risk that your anaesthetist will discuss.

Alternatives to this surgery

An open operation (without telescope) is rarely performed now as it is a bigger procedure with a longer recovery time.

If no surgery is done there is a risk of serious chest infection occurring in the future and continuing swallowing problems.

Pre operative assessment

You will attend the hospital about 2 weeks before the operation for a pre-operative health assessment. This may include blood tests and x-rays.

Please bring all medications. If you take Warfarin, aspirin, Clopidogrel or other blood thinning medicines it is important to let the doctor know.

Intra Operative care

You will come into hospital on the morning of your operation. The procedure lasts around one hour. Afterwards you will return to your room and have regular temperature and pulse readings.

You will not eat or drink for 6 hours after the operation. If the operation is done in the afternoon, this will mean not eating or drinking overnight until the next morning.

When you start, you will be able to have sips of sterile water and if no problems build up to soft food over the next 12-24 hours.

It is very important to report any chest or back pain in this time.

You will stay in hospital for one to two nights.

After the operation – what to expect

As the operation is done through the throat no scars will be visible.

Your throat will be sore for a few days and you will be offered painkillers.

It usually takes 2 weeks to heal and you should refrain from activity or work for this period.

An appointment will be made for your to see Mr McCombe 2 weeks after your procedure.

After discharge home

If you have chest pain, back pain or other problems, please contact Mr McCombe's secretary immediately, or go to your nearest A & E department.