

A **Zenker's diverticulum** is a pouch in the lower part of the throat (pharynx). The cause of the diverticulum is from an inability of a muscle in the lower throat (cricopharyngeus muscle) to relax. The exact cause of the failure of this muscle to relax is uncertain but many clinicians suspect that the effect of acid reflux disease over time plays a role. Food and saliva can collect in the pouch and regurgitate back into the mouth and lungs. This can cause trouble swallowing (dysphagia), cough, and excessive throat clearing. If the regurgitated contents get into the breathing tube (aspiration) a person can become sick and develop pneumonia. People with these diverticula usually lose weight over many years and may become malnourished.

You are scheduled to undergo an **open Zenker's diverticulectomy**. During this procedure, the diverticulum is exposed through an incision on the left side of your neck. The tight cricopharyngeus muscle at the top of the esophagus, responsible for developing a Zenker's diverticulum, is incised. The diverticulum is closed off from the pharynx and removed. At the end of the procedure, you will likely have a small surgical drain in place as well as sutures that may or may not require later removal.

Any surgery has possible complications. Complications from Zenker's diverticulectomy are rare but can happen. Potential complications include bleeding and infection, perforation of the esophagus (esophageal leak), and damage to the nerve that controls the vocal cords. Additionally, there is a risk from the general anesthesia required to perform the procedure. Some patients report a worsening of their reflux symptoms after the surgery, and there is a small possibility (5%) of recurrence of swallowing problems after the surgery. Even though the diverticulum is removed, future swallowing studies may show that a small residual diverticulum is present.

We perform surgery on Friday, and you should expect to spend most of the weekend following your procedure in the hospital. If there is no concern for an esophageal leak, you will be allowed to drink liquids the day after your surgery (Saturday). If you're doing well, you will go home the following day (Sunday) or after a small surgical drain is removed. If there is concern for an esophageal leak, you will not be allowed to take anything by mouth until a swallowing X-ray is performed, usually on Monday. If that X-ray looks good and you're doing well, you may go home on

Monday. If there are any problems, you will stay in the hospital until they have been resolved.

Patients usually experience moderate throat and neck discomfort after the surgery. Initially you may need prescription pain medication and then transition to ibuprofen or Tylenol after a few days. As with any surgery, you should limit your activity during the week following your procedure. Specifically, you should refrain from heavy lifting, bending or straining. You may shower and get your incision wet on Sunday. You will have very specific dietary instructions for the first few weeks after your surgery (see below). We would like to see you for a postoperative appointment and possible suture removal the week after your surgery. If possible, you will have a postoperative swallowing X-ray in our center several weeks after your surgery.

Diet instructions after surgery:

- 1) Day of surgery (Friday): nothing to eat or drink by mouth.
- 2) First week after surgery (days 2 – 7) or when permitted: limit your diet to liquids, soups, smoothies, Ensure, milkshakes, etc.
- 3) Second week after surgery (days 8 – 14): slowly add soft foods to your diet including blended foods, well-chewed pasta, scrambled eggs, yogurt, Jell-O, mashed potatoes, applesauce, etc. Avoid breads, meat, pretzels, chips, etc...
- 4) Third week after surgery (after day 14): resume your normal diet (YEAH!!).

**If you have any questions about your procedure,
please contact a member of our team.**