

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.

A Zenker's diverticulum may be treated through an incision in the neck (open) and surgically removing the diverticulum (diverticulectomy). It may also be treated by through the mouth (endoscopically) and using a stapling device or a laser to open up the diverticulum (diverticulotomy). This is called an endoscopic Zenker's diverticulotomy. You have elected to undergo an **endoscopic Zenker's diverticulotomy**. The advantages of the endoscopic procedure are no need for an external incision in the skin, less operative time, and shorter hospital stay. In general, there are fewer complications with the endoscopic when compared with the open procedure. The endoscopic procedure is effective in improving swallowing in over 90% of individuals.

Any surgery has possible complications. Complications from Zenker's diverticulotomy are rare (<5%) but can happen. Potential complications include bleeding and infection, damage to the teeth, perforation of the esophagus (esophageal leak), and damage to the vocal folds. There is a possibility (5%) that we will not be able to place the endoscope into the appropriate position to staple or laser the diverticulum. If that is the case then you will wake up from the procedure and go home without having had the diverticulum treated. An open procedure may then be recommended. 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. If that is the case, the diverticulum can usually be treated again. Because the diverticulum is not being removed, future swallowing studies will continued to show that a diverticulum is still present.

If you have permanent teeth or non-removable dentures, it is highly recommended that you request your dentist to fashion thin, acrylic dental guards. These are very

helpful in reducing the risk of a dental injury and for improving endoscopic exposure of your diverticulum.

We perform surgery on Friday. If you live nearby and have a successful stapling procedure, you may go home the same day. If you travelled from more than 30-45 minutes away, you will spend one night in the hospital or at the hotel near the hospital (Marriott). If you travelled by plane, you may fly home on Monday if you are doing well. The laser procedure carries a slightly greater risk of esophageal leak when compared to stapling, however, the stapler may not be appropriate for all (small) diverticula. Usually, the choice of stapler or laser is made in the operating room on the day of surgery. If you have the laser procedure you will stay one evening in the hospital and have a swallowing X-ray on Saturday. If that X-ray looks good, you will go home on Saturday after the X-ray. If there are any problems, you will stay in the hospital until they have been resolved.

Patients usually experience moderate throat discomfort after the surgery that is helped with ibuprofen or Tylenol. This should dissipate during the week after surgery. As with any surgery, you should limit your activity during the week following your procedure. 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 3-4 weeks after your surgery and, if possible, after a postoperative swallowing X-ray in our center.

**Diet instructions after surgery:**

- 1) Day of surgery (Friday): if you have been discharged to home or the hotel, you may drink water only. If you stay the evening in the hospital, you will have nothing to eat or drink by mouth.
- 2) First week after surgery (days 2 – 7): limit your diet to liquids, soups, smoothies, Ensure, blended food, milkshakes.
- 3) Second week after surgery (days 8 – 14): slowly add soft foods to your diet including well-chewed pasta, scrambled eggs, yogurt, Jell-O, mashed potatoes, applesauce. 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.**