Pharyngeal pouch
(Zenker’s diverticulum)
What is a pharyngeal pouch?
Your pharynx is the cavity at the back of your mouth, which goes down to your oesophagus (gullet). It has a moist lining called the mucous membrane or mucosa.

A pharyngeal pouch occurs when the mucosa bulges through the muscle wall of the pharynx. This condition may be congenital (from birth) but is more commonly acquired with age, from 50 years plus.

What causes it?
In order to swallow, your pharyngeal muscles must relax. If they don’t, there will be an increase in pressure that may force the mucosa through the muscle wall of the pharynx, causing a pouch.

What are the symptoms?
The most common symptom is difficulty swallowing (dysphagia) with a feeling of a lump in your throat, which may lead to weight loss and malnutrition. This may be accompanied by a regurgitation (bringing up) of undigested food, which can happen several minutes to hours after swallowing. Regurgitating food can lead to pulmonary aspiration (food or drink entering your lungs), which may in turn lead to pneumonia or chest infections. You may have gurgling noises in your throat. An obvious lump in your throat and some pain are possible, but rare.

How is it diagnosed?
The most reliable method is a barium swallow or videofluoroscopy, which is an X-ray involving swallowing fluid that will show up on X-ray and reveal the pouch.

How is it treated?
Treatment is only needed if the symptoms are causing you distress. The pouch may be left alone, especially if you are medically unfit for surgery.

The simplest treatment is surgical dilatation (stretching) of the pharynx under a general anaesthetic. This will relieve the symptoms temporarily but does carry the risk of perforation (splitting the pharynx), although this is rare.

The most common surgical approach involves passing a special scope (called an oesophoscope) down your throat and stapling the pouch. This is performed under a general anaesthetic. It does not get rid of the pouch but allows food to pass freely down your oesophagus.

Are there any risks or complications?
Careful monitoring of your temperature, pulse, blood pressure and chest pain is needed.

Following surgery, the most serious possible complication is a perforation and leak of contents from your throat into the surrounding tissue, leading to mediastinitis (a potentially serious infection). Symptoms of mediastinitis include a racing pulse, high temperature and chest pain. You should report any of these symptom immediately.

Other possible complications include:
- mild to moderate pain
- bleeding
- oesophageal stenosis (a narrowing of the throat) which could cause further swallowing problems
- surgical emphysema (air trapped below the skin of your neck and chest).

What happens afterwards?
You can usually start drinking water at about 6 hours after your operation if your surgeon is happy with your progress. You may then progress to free fluids, soft diet and then a normal diet over the next few days. You will usually be discharged home the day after your operation.

You will need one to two weeks off work.

Will I need another appointment?
No, we will not usually need to see you again.

Further information
If you need any further information, or have any problems contact Wheal Coates ward on: 01872 253830 / 253832