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The Royal Liverpool  
and Broadgreen  
University Hospitals  
NHS Trust

## Patient information

### Stapling/Repair of Pharyngeal Pouch

#### Ear Nose and Throat Specialty

Your consultant has advised that you have an operation to staple your pharyngeal pouch. A pharyngeal pouch occurs when the lining of the pharynx (passageway from the back of your mouth to the top of your windpipe) breaks through its walls causing a pocket or pouch. It is rare affecting approximately one person in 100,000 per year.

You will usually be in hospital for one or two nights.

#### **What is stapling/repair of pharyngeal pouch?**

This procedure is carried out by the surgeon using an endoscope (i.e. there will be no external cuts). The pouch is identified and small staples are used via the endoscope to close the area created by the pouch. This will then enable you to swallow without food becoming trapped in the pouch.

#### **What are the benefits of having stapling / repair of pharyngeal pouch?**

You will be able to eat and drink again normally without experiencing reflux.

#### **What are the risks of having stapling/repair of pharyngeal pouch?**

- **Injury to your teeth or lips** - every precaution will be taken to prevent this.
- **A temporary sore throat** - this usually settles after a few days.
- **A reduced airway** - if you have any previous breathing difficulties there is a risk you may have a reduced airway, if this happened a tracheostomy would be performed (external opening and tube into your trachea). Your surgeon will discuss this with you if it is relevant.
- **Bleeding** - This is a rare complication and you will be observed for signs of this occurring
- **A perforation (a small tear in your food passage)**- this rarely occurs after this surgery. You will be observed closely after your procedure for signs of this. In the rare event of this happening you will be kept nil by mouth until the tear heals.

**In the very extreme scenario a chest surgeon may be asked to look at you. This complication would be considered as severe and possibly have life threatening consequences, it must be stressed that this is not a common risk.**

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

## **Are there any alternative treatments available?**

The other way of performing the repair requires cutting and operating through the neck. This has been known to carry greater risks.

## **What will happen if I decide not to have treatment?**

You will continue to have difficulty swallowing and are at risk of malnutrition and weight loss problems.

## **What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications.

Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

## **Getting ready for your operation**

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart tracing. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a Nurse Practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

## **The day of your operation**

- You will come into hospital on the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30am and 4.30pm Monday to Friday.

- Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Bring with you an overnight bag. Please bring in toiletries, towels and nightwear.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercing at home. False nails and nail polish will also need to be removed.
- Please do not wear makeup.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre area, you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

### **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- You may have a tube through your nose into your stomach for a couple of days via which you will be fed, until the surgeon feels the area is healed enough for you to start taking normal fluids and diet.
- You will remain Nil by Mouth for approximately five hours then given fluids for two to four hours and then you can have light diet. If this is tolerated and there are no complications you can eat and drink normally. You will be given regular mouthwashes /gargles to clean your mouth after your operation.
- It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetic can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

## Going Home

**Do not smoke for at least two weeks after your operation, as this will affect the healing process.**

## Discharge Information

If you are discharged on the same day as the operation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours **you must not**

- Travel alone.
- Drive a car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

## Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please inform the nurse of any painkillers you have at home.

## Getting back to normal

- It is normal to feel more tired than usual for a few days following a general anaesthetic.
- It is important that you eat and drink normally.
- **If you experience chest or back pain in the next twenty-four hours you should telephone the ward or go to an Emergency Department (A&E).**

## Returning to work

You can self-certify for the first seven days of sickness. A fit note can be requested from the ward staff on discharge if required. For further fit notes these can be obtained from your GP.

## **Further Appointments**

A follow up appointment will be arranged before you go home

### **Feedback**

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

### **Patient Notes:**

## **Further information**

**If you have any further questions, or require further information, please contact:**

### **ENT Nurse Practitioners:**

**Helene Bryant/ Sue Bragan / Christine Burton**

**Tel: 0151 706 2290**

**Text phone number: 18001 0151 706 2290**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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