

Endoscopic stapling of pharyngeal pouch

1 Guidance

- 1.1 Current evidence on the safety and efficacy of endoscopic stapling of pharyngeal pouch appears adequate to support the use of the procedure, provided that normal arrangements are in place for consent, audit and clinical governance.

2 The procedure

2.1 Indications

- 2.1.1 Pharyngeal pouch, which is also known as Zenker's diverticulum, occurs when a piece of the pharyngeal lining herniates through the muscles of the pharyngeal wall. It occurs mainly in older people, with an estimated overall incidence of about 1 per 100,000 people per year.
- 2.1.2 Pharyngeal pouch may cause difficulty in swallowing or a cough, and sometimes causes respiratory problems because of aspiration of the pouch contents into the lungs.
- 2.1.3 The standard treatment for pharyngeal pouch is open surgery to the neck. Endoscopic techniques are less invasive than open surgery. The standard endoscopic technique, known as Dohlman's procedure, uses diathermy or lasers to divide the wall between the pouch and the oesophagus. Endoscopic stapling of pharyngeal pouch is an alternative to the standard endoscopic technique.

2.2 Outline of the procedure

- 2.2.1 Endoscopic stapling of pharyngeal pouch involves stapling the bar of tissue that divides the pouch from the oesophagus. A specially designed endoscope is used to gain access to the bar and the openings of both the pouch and the oesophagus. The procedure is performed under general anaesthetic.

2.3 Efficacy

- 2.3.1 The evidence suggested that endoscopic stapling allows a more rapid recovery, and requires a shorter stay in hospital (1–2 days) than open surgery. Patients returned to normal swallowing promptly. For more details refer to the sources of evidence below.
- 2.3.2 The Specialist Advisors considered endoscopic stapling to be an established procedure, now widely practiced in specialist centres by specifically trained otorhinolaryngologists. They considered it effective in terms of reducing operating time and the duration of hospital stay.
- 2.3.3 The Specialist Advisors noted that the problem can recur but that the procedure can be repeated if this happens.

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This guidance is written in the following context:

This guidance represents the view of the Institute which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

2.4 Safety

- 2.4.1 Few complications were reported in the studies reviewed. Mild bleeding, perforation of the pharynx and a need for nasogastric feeding were reported, but these were uncommon. For more details refer to the sources of evidence below.
- 2.4.2 The Specialist Advisors concurred that perforation and leakage from the pharynx were no more common with endoscopic stapling than with alternative procedures.

2.5 Other comments

- 2.5.1 Training and post-operative care are of great importance. The 1996/97 Annual Report of the National Confidential Enquiry into Peri-operative Deaths (www.ncepod.org.uk/reports.htm) recommended that sub-specialisation within otorhinolaryngology departments should occur for this procedure.

Andrew Dillon
Chief Executive
November 2003

Information for the Public

NICE has produced information describing its guidance on this procedure for patients, carers and those with a wider interest in healthcare. It explains the nature of the procedure and the decision made, and has been written with patient consent in mind. This information is available from www.nice.org.uk/IPG022publicinfoenglish and in English and Welsh from www.nice.org.uk/IPG022publicinfowelsh.

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

Interventional procedure overview of endoscopic stapling of pharyngeal pouch, November 2002.

Available from: www.nice.org.uk/IP024overview

Ordering information

Copies of this guidance can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference: N0357. *Information for the Public* can be obtained by quoting reference number N0358 for the English version and N0359 for a version in English and Welsh.

The distribution list for this guidance is available on the NICE website at URL www.nice.org.uk/IPG022distributionlist

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