

# Flexible endoscopic treatment of a pharyngeal pouch

Information for the public

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## What has NICE said?

Flexible endoscopic treatment of a pharyngeal pouch is safe enough and works well enough for use in the NHS.

This procedure should only be done by health professionals with special expertise in interventional endoscopy and training in this procedure.

## What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

## Other comments from NICE

NICE said that this procedure may help people who have severe symptoms because of their pharyngeal pouch and when other types of surgery are not possible.

## The condition

A pharyngeal pouch forms when the lining of the pharynx (the tube running from the back of the nose and mouth to the top of the oesophagus, or gullet) bulges through the muscular wall of the pharynx. This forms a pouch where food can collect.

A pharyngeal pouch occurs mainly in older people and causes difficulty swallowing. Other symptoms include bringing up undigested food, bad breath, hoarseness and chronic cough. It is possible that lung problems such as a severe chest infection may develop because the contents of the pouch can get drawn into the lungs. If the pouch gets larger symptoms can get worse and the person could become malnourished. In a small number of patients, cancer can develop in the pouch.

The standard treatment for a pharyngeal pouch involves open surgery to the neck to remove the pouch. [Endoscopic surgery](#) is also used, dividing the wall between the pouch and the oesophagus by heat, lasers or staples. These techniques use a rigid endoscope. NICE has looked at using [flexible endoscopic treatment of a pharyngeal pouch](#) as another treatment option.

## The procedure

The procedure is usually carried out with the patient awake but sedated or under general anaesthesia. It aims to improve swallowing by widening the neck of the pouch so that food does not collect in it.

A flexible endoscope is used to examine the gullet. Special instruments passed through the endoscope divide the wall between the pouch and oesophagus. A tube is inserted through the nose and into the stomach during the procedure, and this may need to stay in place for a short while afterwards. More than 1 treatment session may be needed to relieve symptoms.

Because the procedure can be done with the patient sedated, it may be useful for people

who cannot have a general anaesthetic because of other conditions. The procedure uses a flexible endoscope rather than a rigid one, so it may be useful for people with limited or painful neck movement.

## Benefits and risks

When NICE looked at the evidence, it decided that the procedure was safe enough and worked well enough to be used in the NHS. The 8 studies that NICE looked at involved a total of 508 patients.

Generally, the studies showed that most patients had no swallowing problems, or a significant improvement in swallowing, after the procedure. This improvement was maintained (patients were followed up between 13 and 43 months after the procedure).

In 39 out of 210 patients swallowing problems returned, but further treatment was generally successful.

The studies showed that the risks of the procedure included:

- small holes in the oesophagus in 13 out of 241 patients
- bleeding in 3 out of 167 patients, 1 of whom needed a transfusion
- a neck abscess in 1 patient
- infection in 4 out of 41 patients
- pneumonia in 1 patient after removal of a breathing tube.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure

make me feel worse?

- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## Medical terms explained

### **Interventional endoscopy**

A procedure that involves the use of an endoscope; a thin tube with a camera at its tip.

### **Endoscopic surgery**

An endoscope is inserted into the mouth and passed down the throat into the stomach or intestines to carry out surgery.

## About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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## Accreditation

