

Endoscopic carbon dioxide laser cricopharyngeal myotomy for relief of oropharyngeal dysphagia

Information for the public
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What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. It should only be used if extra care is taken to explain the uncertainties and extra steps are put in place to record and review what happens.

More research on this procedure is needed.

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. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms and possible

complications. You should also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

Your healthcare team

A healthcare team experienced in managing oropharyngeal dysphagia should decide which patients should be offered endoscopic carbon dioxide laser cricopharyngeal myotomy.

The condition

Dysphagia means difficulty swallowing. Oropharyngeal means the top part of the oesophagus, also known as the gullet or food pipe. It can occur in conditions such as multiple sclerosis, motor neurone disease and Parkinson's disease. It can also happen after a stroke, or after radiotherapy or surgery for treating cancer in the head or neck. Sometimes the cause is unknown. One cause is spasm or scarring of the cricopharyngeal muscle, which runs around the top of the gullet. This can cause problems like coughing or choking when eating or drinking, and food or liquid going down the wrong way into the lungs leading to chest infections, and weight loss.

Treatment depends on the cause and type of dysphagia, and includes swallowing therapy (that helps the patient relearn swallowing techniques, and strengthens the muscles used for swallowing), drug therapy, dilatation (stretching of the food pipe) and open surgery through a cut in the neck.

NICE has looked at using endoscopic carbon dioxide laser cricopharyngeal myotomy as another treatment option.

[NHS Choices](#) may be a good place to find out more.

The procedure

This procedure is usually done under general anaesthetic. An endoscope (a thin, rigid tube with a camera on the end) and a carbon dioxide laser are inserted through the mouth. The laser is used to cut through the muscle, to relieve the obstruction and improve swallowing.

Benefits and risks

When NICE looked at the evidence, it decided that there was not enough evidence to know how well this procedure works or how safe it is. The 8 studies that NICE looked at involved a total of 404 patients.

Generally the studies showed that swallowing improved after the procedure. But in some patients it did not improve or symptoms came back, and further treatment was needed.

The studies showed that the risks of the procedure included:

- holes or tears in the gullet, needing further treatment
- paralysis of the vocal cords, causing speech problems
- aspiration pneumonia, needing treatment in hospital
- severe bleeding.

NICE was also told about some other possible risks: damaged teeth, chest pain, infection in the mid-chest, and scarring and further problems in patients who had treatment with radiotherapy.

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?

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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