

Endoscopic stapling of pharyngeal pouch

HealthTech guidance

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Your responsibility

This guidance represents the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take this guidance fully into account, and specifically any special arrangements relating to the introduction of new interventional procedures. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the [Yellow Card Scheme](#).

Commissioners and/or providers have a responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties. Providers should ensure that governance structures are in place to review, authorise and monitor the introduction of new devices and procedures.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations wherever possible](#).

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This guidance replaces IPG22.

1 Recommendations

- 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 to 2 days) than open surgery. Patients returned to normal swallowing promptly. For more details, refer to the [overview for this guidance](#).

- 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.

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, see the [overview](#).
- 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](#) recommended that sub-specialisation within otorhinolaryngology departments should occur for this procedure.

3 Further information

Sources of evidence

The evidence considered by the committee is in the [overview](#).

Information for patients

NICE has produced [information for the public on this procedure](#). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

Update information

Minor changes since publication

January 2026: Interventional procedures guidance 22 has been migrated to HealthTech guidance 8. The recommendations and accompanying content remain unchanged.

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Endorsing organisation

This guidance has been endorsed by Healthcare Improvement Scotland.