Open Cricopharyngeal Myotomy / Zenker’s Diverticulum Repair

What to expect for your surgery:

The surgery itself will be performed under general anesthesia and last between 1 ½ to 3 hours. Most patients will require an overnight stay.

The procedure will involve making an incision at the lower aspect of your neck. This will allow access to the upper portion of your esophagus that is presumed to be the source of your swallowing troubles.

A dressing will be placed on the wound upon completion of the procedure and most commonly a drain will also be placed. This will be removed prior to your discharge from the hospital.

Please make sure not to eat or drink anything after midnight the night before unless you need a small sip of water for medications on the morning of the procedure.

Contact Info:

Maurits Boon, MD
Thomas Jefferson University Otolaryngology – Head and Neck Surgery
925 Chestnut Street, 7th Floor
Philadelphia, PA 19107

Phone: 215-955-6760
Fax: 215-503-3736
What to expect after your surgery:

The dressing that was placed on your wound should be left in place until your first postoperative visit unless otherwise instructed.

Pain following the procedure varies. A prescription medication will be provided by your physician to control pain.

While some patients may experience improvement in swallowing immediately following the procedure, others may not notice a difference for several weeks.

Only clear liquids are allowed on the evening following the procedure. On the first postoperative day you may start a soft diet. This diet should be maintained until your physician sees you in the office and clears you to resume a normal diet.

Please avoid any heavy lifting (less than 5 pounds) or straining until you are instructed that it is OK to do so.

Please avoid any anti-inflammatory medications such as aspirin, ibuprofen, Motrin™, Advil™ or Naprosyn™. It is acceptable to use Tylenol™ or the prescription pain reliever provided. However, note that the pain prescription provided may contain Tylenol™ (Acetaminophen) and therefore, you should not use Tylenol™ if you are also using the prescription pain reliever.

You may shower on the second day after surgery and simply pat the wound dry.

Please call your physician if you experience any of the following: chest pain, upper abdominal pain, upper back pain, shortness of breath, neck swelling, discharge from the wound, bleeding, fever >100.5, inability to swallow liquids or excessive pain not controlled by the pain medication provided.
Your First Postoperative Visit:

At your first postoperative visit (usually about 1 week after surgery) the wound will be examined and any sutures that were placed will be removed. A fiberoptic camera will be used to examine your vocal cords. A follow-up visit will be scheduled at approximately 6 weeks time.

You may resume normal activity and lifting after this visit.

Unless advised otherwise, you may start to advance your diet as tolerated. It is generally best to start with softer foods and advance to more solid foods as you feel more comfortable.

For care of the wound you should plan on applying a topical preparation at least twice a day for the weeks following the procedure. Options include antibiotic ointment, petroleum jelly, Aquaphor™ or a specialty wound care product such as Mederma Scar Gel™ or Scar Fade™. Additionally, for the first 3 months following surgery you should use a high SPF sunblock with any sun exposure.

While most patients experience improvement in swallowing, the degree of improvement will vary. Some will notice that swallowing will improve to the normal range. Others will feel that there is a significant improvement but that there are still some foods and medications that may be more difficult. While it is unusual not to notice some improvement, there will be a small group of patients who don’t feel that swallowing improved after surgery. If you are having continued problems, it should be discussed with your physician in follow up.