

# Maine Medical

PARTNERS

Surgical Care Casco Bay

## Post-Operative Instructions Transoral Incisionless Zenker's Repair (Cricopharyngeal Myotomy)

### **Description of the Operation**

We will be doing a Cricopharyngeal Myotomy (also called a Zenker's Diverticulum Repair) for you. This involves dividing the sphincter muscle at the upper end of your esophagus. The sphincter doesn't relax normally before surgery and is responsible for most of your swallowing trouble. The operation also divides the wall between the Zenker's diverticulum and the esophagus to stop food and secretions from building up in the diverticulum. Depending on your anatomy, we will do this with either a surgical stapling device or a flexible electrical scalpel. Either way, we can usually do this operation using a video camera in the mouth without making an incision. Be prepared to spend one night in the hospital, although with the stapling technique you'll probably be able to go home after just a few hours, depending upon how you feel after surgery.

### **Your Recovery**

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### **Pain Relief After Surgery**

- Take Extra Strength Tylenol (or generic acetaminophen) 1000mg every 6 hours for 3 days, then only as needed to control discomfort.
- Take Advil (or generic ibuprofen) 600mg every 6 hours for 3 days, then only as needed to control discomfort. (DO NOT use Advil if you have a history of stomach or intestinal ulcers or have had problems taking aspirin in the past.)
- Take 1-2 oxycodone 5mg (or Dilaudid 2mg) tablets every 3 hours as needed for discomfort that remains after taking Tylenol & Advil. Not everybody needs this, so you might choose not to fill the prescription. This is a narcotic pain killer. If you use it you must beware of becoming drowsy or inattentive, and you will not be able to drive or operate dangerous equipment. It can also cause nausea and constipation.

The above combination is for maximum pain control. You may skip some or all of the medications if you're comfortable without them.

### **Other Medications**

Resume all other usual medications unless we instruct you otherwise.

## **Most Frequent Problems**

- **Sore throat** – Everybody has this to some degree. It should resolve within a few days. Occasionally the uvula (little piece of flesh that dangles from the back of the throat) will swell up and be annoying for a week or two, but it is not a health problem.
- **Trouble swallowing** – You should notice immediate improvement in your swallowing. You might still have some difficulty swallowing solid foods initially and possibly always. You will go home on a liquid diet and can advance it on your own. Most people should resume eating as though nothing has changed and gradually increase what they eat as they gain confidence that swallowing actually is better. At first, chew thoroughly and eat slowly. In general, the bigger the diverticulum is and the more difficulty swallowing before surgery, the greater the improvement will be immediately after surgery.
- **Nausea** – If you feel okay when you leave the hospital but start to feel nauseated at home, it is probably caused by the prescription pain killer. You might want to take only the Tylenol and Advil in that case or call me for a different prescription (which might also cause nausea). Prolonged vomiting or dry heaves soon after surgery puts more stress on the operation than we'd like.

## **Reasons to Call Us**

- Pain not controlled by your medication
- Persistent vomiting or dry heaves
- Fever and redness on your neck, or the sensation that there is air under your skin when you massage your neck with you hand
- Any questions or concerns what-so-ever

## **Post-Operative Office Appointment**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

We would like to see you in 3-4 weeks. Please call to confirm your appointment or to arrange one if you don't have a date & time yet. If you have any questions, please call (207) 761-6642.

*Last updated 7/1/13 rc*