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This information handout is provided for general medical knowledge only. It may or may not relate to your specific medical condition and it does not constitute individualized medical advice.

Zenker's Diverticulum

A Zenker's diverticulum (ZD) is a rare condition where an "outpouching" occurs where your throat meets your esophagus, the swallowing pipe that leads into your stomach. When this happens, a pouch forms and mucous, food, and/or liquid can become stuck instead of going down your esophagus and into your stomach like normal.

What Are the Symptoms of ZD?

If you have a ZD, you may experience:

- Difficulty swallowing
- Regurgitating or vomiting undigested food hours after eating
- Inhaling food or saliva down your windpipe (called aspiration)
- Belching
- Noisy swallowing
- Bad breath
- Choking
- Coughing
- Hoarseness
- Feeling like something is stuck in the back of your throat
- Weight loss
- Recurrent lung infections in severe cases

What Causes ZD?

ZD is most commonly caused by increased tension in the muscle at the top of your esophagus (called the cricopharyngeus muscle), which obstructs the proper passage of food and liquids into your stomach.

What Are the Treatment Options?

If you have any of the symptoms mentioned here, you should be examined by an ENT (ear, nose, and throat) specialist, or otolaryngologist. Your ENT specialist may diagnose your condition using a “barium swallow” study. This is a special type of X-ray test that helps your doctor take a closer look at the back of your mouth, throat, and esophagus to see how you swallow food and liquid.

There are no current medications to treat ZD, so the usual treatment is surgery unless your ZD is small and doesn't cause too much difficulty or discomfort. If your doctor recommends surgery, however, there are several options including making an incision on the neck, as opposed to a less-invasive approach through the mouth.

For open surgery, a small incision is made in the neck and the pouch is either removed or tacked upside down so that it doesn't collect food. During this procedure the muscle below the ZD, your cricopharyngeus muscle, is cut to prevent recurrence of the ZD. Most patients stay in the hospital for a few days after surgery to recover from this procedure.

During an endoscopy or approach through the mouth to make repairs, there are no incisions on the outside of the neck. With this approach, a stapling device is used to divide the wall between the esophagus and the ZD to make a common cavity for food and liquid to flow directly into the esophagus without becoming stuck. Your doctor can discuss the pros and cons of each procedure and help you choose the best option for you.

Following surgery, you may notice:

- A sore throat
- Pain in your ears
- Pain at your incision site
- Pain in your jaw joints

You should call your ENT specialist if you experience any of these post-surgical symptoms:

- If you have a hard time breathing (*go to ER or call 911*)
- If you have signs of a wound infection (fever, redness, swelling, tenderness, pus-like drainage)
- If you have chest, upper back, or neck pain
- If you cough up or vomit more than a few tablespoons of blood
- If you have a fever over 101 degrees Fahrenheit

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What Questions Should I Ask My Doctor?

1. What can I eat following surgery?
2. Will I have pain?
3. Will a ZD reoccur after it has been removed?

References

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