

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help at any time –

Otolaryngology –
Head and Neck
Surgery Center:
206-598-4022

Tips that May Help

- Sleep with your head elevated and avoid eating for 3 to 4 hours before going to bed.
- Learn deep-breathing and coughing techniques. Know the signs of pneumonia.
- Drink water.
- Eat soft moist foods to prevent solids from lodging in the diverticulum.



Patient Education

Otolaryngology – Head and Neck Surgery
Center

Zenker's Diverticulum

Zenker's diverticulum is a herniation of mucosa and submucosa through a defect in the posterior pharyngeal muscular wall, creating a pouch or a sac.

The exact cause of Zenker's diverticulum is unknown. The most accepted theory is that there is a weakened area in the pharyngeal wall above the cricopharyngeus muscle. This weakness can be caused by gastroesophageal reflux or neurological abnormalities.

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Normally, the cricopharyngeus muscle is usually in a state of contraction. During the swallowing process, it relaxes and pressures decrease. If there is a weakened area and abnormally high pressures, a diverticulum or herniation of the mucosa can occur.

This problem is commonly seen in patients from 60 to 90 years of age. Men seem to be affected more often than women.

The main symptom is difficulty with swallowing. Diverticular retention leads to regurgitation of undigested food that can interrupt meals and cause bad breath. One may complain of food sticking and having to swallow several times. A choking sensation may occur along with coughing. Complications can be aspiration and pneumonia.

The diagnostic test done to confirm this problem is called a barium **esophagogram**. The diverticulum and retained food will show up on the X-ray picture.

Treatment

Treatment for Zenker’s diverticulum may include:

- **Cricopharyngeal myotomy** – cutting of the cricopharyngeus muscle (this works for small diverticula).
- **Cricopharyngeal myotomy** with excision of diverticulum – removal of pouch (recommended for larger Zenker’s diverticula).
- **Cricopharyngeal myotomy** with diverticulopexy – suspending pouch for drainage (recommended for larger Zenker’s diverticula).

Patients who have Zenker’s diverticulum are at risk for aspiration and pneumonia. If you have a fever, shortness of breath, coughing that produces phlegm, or are vomiting undigested food, please contact your doctor or nurse. You may need a chest X-ray to rule out pneumonia. If you have pneumonia, it will be treated with an antibiotic.