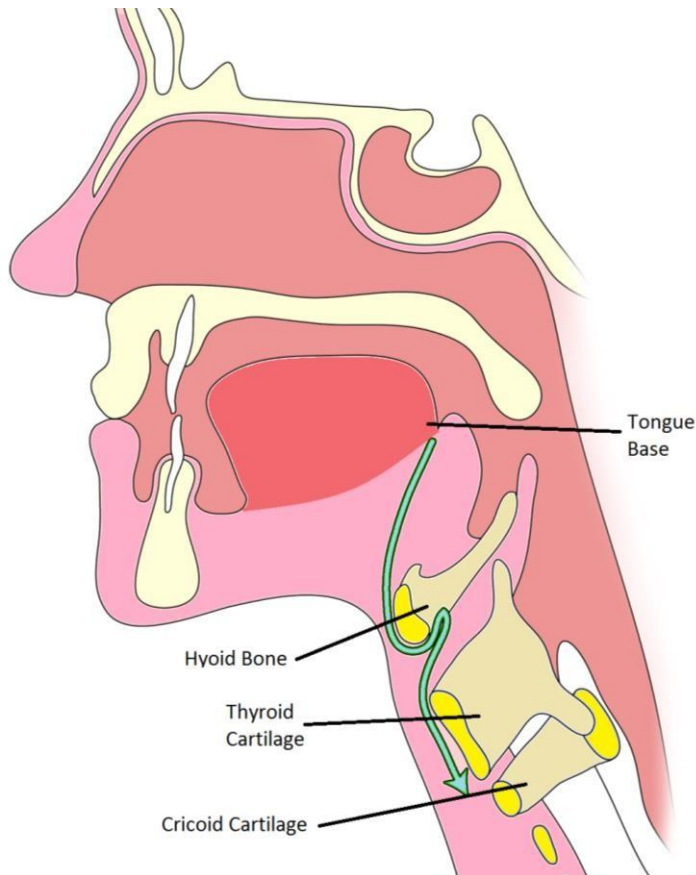


Excision of a Thyroglossal Cyst

What is a thyroglossal cyst?

A Thyroglossal cyst is a benign cystic swelling found most commonly in the midline of the neck. It forms in an embryological remnant of the thyroglossal duct. During development in the womb, the thyroid gland starts out at the back of the tongue and then migrates down to the root of the neck as in adult life, passing through the hyoid bone. This leaves a small tract, called the thyroglossal duct, which would normally disappear shortly after this process. However, in some people the tract, or part of the tract, can remain and give rise to cystic swellings. These cysts are usually painless, are freely mobile, and move both on swallowing and protruding the tongue. .



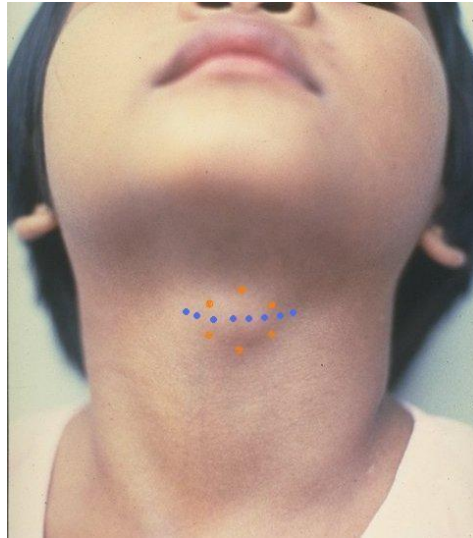
Investigations:

- The diagnosis is clinical but your doctor may organize an ultrasound scan.

Indications for surgery:

- 1) Recurrent infection
- 2) An unsightly swelling
- 3) Significant pressure symptoms

What does the operation involve?



Orange dots outline thyroglossal cyst, blue dots mark incision site

Treatment of a thyroglossal duct cyst involves surgical excision of the cyst and the remaining thyroglossal duct to reduce the risk of recurrence. This is performed under general anaesthesia. An incision is made in the front of the neck over the swelling in a skin crease and the tract excised up to its root including a segment of the hyoid bone. This will take about 90 minutes and may be performed as a day case. Sometimes a small drain may be placed in the neck and if so you will require an overnight stay in the hospital. The drain is usually removed about 24 hours after surgery and you can then be discharged home. If non-dissolvable sutures are used then these may require removal after a week. This will be discussed with you post-operatively and indicated on your discharge letter.

What are the potential complications of surgery?

- 1) Recurrence. This used to be the most common complication, but improvements in surgical technique have now reduced this to 5%.
- 2) Bleeding. The risk of bleeding is mild and it is important to avoid any strenuous activity in the immediate post operative period to reduce this risk. If bleeding should result in a haematoma (clot) forming under the wound, you may need a small procedure to stop the bleeding.

Please notify your surgeon if you take aspirin, clopidogrel or warfarin as these medications increase the chance of bleeding. You may be asked to omit these medications for a period before and after surgery.

- 3) Infection. There is a risk of infection with any surgical procedure, but provided the wound is kept clean the risk is very small.
- 4) Scarring. You will have a scar on your neck after this procedure. It is important to keep this out of the sun as much as possible during the first few months to allow the scar to fully heal.
- 5) Nerve damage. There is a very small risk of injury to the nerve that supplies the tongue movement during the operation.
- 6) Hypothyroidism. Rarely, if functional thyroid tissue is contained within the cyst there is a small risk of reduced thyroid hormone being produced after the procedure.

Expectations and advice following surgery?

- You may wake from surgery with a small drain in the surgery site which reduces the risk of fluid collecting in the wound. This is usually removed shortly after surgery.
- You may experience some pain on swallowing due to the surgery and the anaesthetic tube. This is normal and should resolve after 72 hours.
- Depending on the type of skin suture used, you may be informed that they need to be removed by your GP Practice Nurse 7 days after surgery.
- It is routine to be advised to avoid driving for 48 hours after general anaesthesia.
- We recommend 2 weeks off work and strongly advise against any strenuous activity during this time.

Please note that the details in this section are for general information only. You should always discuss the risks, limitations and complications of your specific operation with your surgeon.