**EXCISION OF A THYROGLOSSAL DUCT CYST**

**Purpose**

A thyroglossal duct cyst is a benign collection of fluid or mucus that presents as a swelling in the middle of the neck. It is caused by tissue left over from when the thyroid gland descended in the neck during fetal development. The thyroid originally starts in the tongue base, but during fetal development it drops down in the neck. As it descends there may be small remnants of the gland left along the path. These can present during childhood or young adult life as a swelling in the middle of the neck. The cyst is a benign condition and does not represent a tumor. Even though the cyst is benign it is usually recommended that it be excised. These cysts usually continue to create problems with swelling in the neck. They can also become infected which causes pain and can lead to the cyst rupturing in the neck.

**Procedure**

The procedure is done in a hospital under general anesthesia. An incision is made in the neck over the cyst. The cyst is carefully dissected free from the surrounding structures. It is necessary to remove part of the hyoid bone to insure that all of the cyst will be removed. The hyoid bone is the bone that the tongue attaches to. You will still be able to use your tongue normally with part of the hyoid bone gone. A drain is usually placed to prevent formation of a blood clot. The incision will then be carefully sewn up and the patient taken to the recovery room. Most patients will stay overnight and go home the following morning. Because of the removal of part of the hyoid bone it is usually painful to swallow after the surgery. Despite the pain most patients are able to tolerate a normal diet almost immediately. The drain will be removed prior to discharge.

**Recovery**

After discharge patients should rest at home with the head elevated. This minimizes swelling, pain, and bleeding. There will be some pain, but a narcotic will be prescribed to minimize discomfort. The incision should be cleansed with peroxide twice a day. A light coating of antibiotic ointment (Neosporin, Polysporin, etc.) is then applied to speed healing. The sutures will be removed during your first post-op visit one week after the surgery. Most patients can resume most of their normal activity after one week. The incision will be noticeable at first, but as the months go by it should settle down to a fine white line which should camouflage nicely with the natural creases of the neck.

**Risks and Complications**

35. The biggest risk is recurrence of the cyst. Every effort is made to remove the cyst in its entirety. Sometimes the cyst has branches which are not detected during the surgery. The cyst can send branches into the tongue base and these can be difficult to follow. The vast majority of patients has their cyst successfully removed in one procedure and never has another problem. If the cyst does recur it may require further surgery to try to completely remove it.

36. The nerves which moves the tongue and the nerve which supplies the voice box with sensation travel near the surgical area. Injuries to these nerves are rare with this procedure, but because of their location an injury is possible.

37. The incision will be carefully planned and sewn to minimize scanning. It is possible for the incision to heal with an unsatisfactory appearance. Scar revision is possible if this is the case.

38. Bleeding and infection are possible, as with any surgery. There is not a high incidence of either of these complications with this type of surgery.

We ask that you sign below to indicate that you have read, understand, and accept the risks and complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.