

Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

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After Hours (512) 458-1121

BRANCHIAL ARCH ANOMALY

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

WHAT IS A BRANCHIAL ARCH ANOMALY?

A Branchial Arch Anomaly is a defect that develops during the 1st trimester of pregnancy. It is a pit or mass in the neck that can be found anywhere from the ear to the collar bone. There are three types of anomalies: **Cysts** which are fluid filled masses, **Sinuses** which have a visible opening or pit in the skin, and **Fistulas** which have two openings, generally one on the outside which is visible, and one on the inside. Any of these can become infected, red, swollen, and tender. It is optimal to remove these defects before they become infected if possible.

THE SURGERY

Excision of a Branchial Arch Anomaly is performed under general anesthesia with overnight observation in some cases. Your doctor will discuss this with you if he/she feels overnight observation will be necessary. A small surgical incision is made through which the defect is removed. Sometimes a drain is placed at the surgical site requiring an overnight stay. In this case, the drain will be removed the following day before your child goes home. There will be dissolvable sutures to close the incision. The surgery takes approximately 1 ½ hours and your child will either go home or be taken to their hospital room after a 1-2 hour stay in the post anesthesia care unit.

PRE-OPERATIVE CARE

- Avoid aspirin products (including Pepto-Bismol) or products containing Ginkgo Biloba or St. John's Wort for two weeks prior to surgery.
- Acetaminophen (Tylenol) may be given as well as over the counter cold medications and antibiotics.
- Please notify your doctor if there is a family history of bleeding tendencies or if the child tends to bruise easily.

POST-OPERATIVE INSTRUCTIONS

1. **Wound Care:** Clean the surgical incision with ½ strength hydrogen peroxide twice a day (dilute with water - half and half) and apply antibiotic ointment to the area. Keep the surgical site clean and dry for the first 7-10 days post-op. Watch the surgical incision for signs of infection: redness, swelling, drainage, and increased pain at or around the surgical site. Notify the office if any of these signs occur. After the incision is healed, use a 50 SPF sunscreen or higher for the first summer when exposed to the sun to reduce the possibility of scarring.
2. **Activity:** Activities may be resumed when your child feels up to it, with the exception of swimming, contact sports, and gym which should be avoided for 7-10 days or until the surgical site is healed and the skin edges are completely closed.
3. **Diet:** There are no food or fluid restrictions following this surgery. As soon as your child can tolerate clear liquids and a light diet, they can resume a normal diet.

4. **Pain:** There may be mild pain at the incision site which should be relieved by Tylenol alone.

WHEN TO CALL OUR OFFICE

Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Has persistent vomiting or is unable to drink fluids
- Has bleeding, redness, or swelling from the incision
- Has discomfort unrelieved by the pain reliever

FOLLOW-UP

Your child will need to be seen 1-3 weeks after surgery, Please call the office as soon as possible to schedule in order to assure that an appointment will be available within that time.