

Children's Ear Nose & Throat Center

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

A member of the  Seton Healthcare Family

Phone (512) 324-2720 • Fax (512) 324-2724
After Hours (512) 458-1121

EXCISION THYROGLOSSAL DUCT CYST

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 THYROGLOSSAL DUCT CYST? A thyroglossal duct cyst forms from small remnants of the thyroid gland that developed incorrectly during the first trimester of pregnancy. As the thyroid gland develops, it descends to the midline of the neck but remains connected to the base of the tongue by a hollow canal. The thyroglossal duct. Eventually this duct should disappear. If it does not completely disappear, it can form into a fluid filled cyst. It appears as a swelling in the neck, close to the midline of the neck area which may become infected, red, swollen, and tender. It is optimal to remove this cyst before it becomes infected.

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.

THE SURGERY

Excision of a thyroglossal duct cyst is performed under general anesthesia with overnight observation. A small surgical incision is made through which the cyst is removed. A drain is usually placed at the surgical site and 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 be taken to their hospital room after a 1-2 hour stay in the post anesthesia care unit. Occasionally a second cyst may develop that requires a second surgery.

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

4. 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.

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.