

Discharge Advice

Thyroglossal duct cyst removal

Thyroglossal duct cyst removal surgery:

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.

What to expect after surgery:

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. 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.

It is normal to feel more tired than usual for up to a week after your operation, if you are a parent or a carer you will need some support during this time.

It is important that you eat and drink normally.

Ensure your wound site is kept clean and dry. Avoid the use of makeup and perfumed creams. After one month, gently massage your scar with a non-perfumed moisturising cream two or three times a day.

Potential complications and advice following surgery

Recurrence: this used to be the most common complication, but improvements in surgical technique have now reduced this to 5%

Bleeding: the risk of bleeding is low and it is important to avoid any strenuous activity in the immediate post-operative period to reduce this risk. Bleeding could result in a haematoma (a blood clot) forming under the wound. You may need a further procedure to stop the bleeding and remove the clot.

Infection: there is a risk of infection with any surgical procedure, but provided the wound is kept clean the risk is very small

Nerve damage: there is a very small risk of injury to the nerve that gives movement to the tongue during the operation.

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. You may need to take thyroid hormone tablets for a prolonged period or possibly permanently if this happens

Recovery time:

You may experience some pain on swallowing due to the surgery and the anaesthetic tube. This is normal and should resolve after 72 hours.

Neck stiffness can also happen and you should move your head within your limits to prevent neck stiffness

You should take at least 2 weeks off school/work in order to recover from the surgery. A sick note can be provided prior to your discharge from hospital if required.

You will have a scar, this will look red but will fade over the next two to three months. Some people produce a Keloid scar (raised/highly coloured) this is due to their skin type; it is unpredictable before surgery and may be treatable at a later date. You will need to protect your scar from direct sunlight; it is advisable to use a total sun block

Follow up:

You should be seen in the outpatient clinic at around 2 or 3 weeks post-surgery. At this point the laboratory tests on your cyst should be available. Your surgeon will also be able to review your neck and answer any questions you may have. Should you not receive this appointment, please call the outpatient booking office on 01495765055.

EMERGENCY DISCHARGE INFORMATION

09:00 to 17:00 Monday to Friday (excluding bank holidays): Contact the ENT Treatment room on 01633234018

After 17:00/overnight (adults): C0 01633 493926.

After 17:00/overnight (children): C1 01633 493609.

In the event of a breathing emergency, attend your closest Accident & Emergency department. This can happen with bleeding or swelling in your neck, particularly in the first 48 hours after an operation.

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