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THYROGLOSSAL DUCT CYST SURGICAL INFORMED CONSENT

The operation that has been recommended is called a *Sistrunk procedure* for the excision of a thyroglossal duct cyst (TGDC). This operation involves removing a congenital cyst from the neck. A congenital neck cyst is a mass that is present at birth. Although the neck mass is always present, an actual lump may not become apparent until later in life, sometimes even into adulthood. Surgical removal is recommended before these cysts become infected.

How does a TGDC present? They usually present as a soft, non-tender lump in the midline of the upper neck, often showing up after an upper respiratory infection (common cold). Many times, these cysts have no symptoms. However, if the cyst gets infected, it can be painful with some redness to the overlying skin. In addition, there can occasionally be some associated dyspnea (difficulty breathing), dysphagia (difficulty swallowing), or dyspepsia (discomfort in the upper abdomen), especially if the lump becomes large.

The most common location for a TGDC is in the middle of the neck or slightly off to the side, between the middle of the thyroid gland and the hyoid bone or just above the hyoid bone. A TGDC can develop anywhere along the path from which it descends. On exam, a TGDC will move upwards with protrusion of the tongue. TGDC are associated with an increased incidence of ectopic thyroid tissue. Occasionally, a lingual thyroid (thyroid in the tongue) can be seen as a flattened strawberry-like lump at the base of the tongue.

How is a TGDC treated? 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. Surgery is the only treatment option for a TGDC. A simple drainage carries a high chance for recurrence and a risk for infection and is generally not recommended unless an infection has caused an abscess. If the TGDC is infected, the infection must be controlled before surgery can be done. Prior to surgery, your doctor will often order some imaging, either an ultrasound or CT scan. This is done to visualize the TGDC and also to make sure there is also a normally functioning thyroid gland in the neck.

What does surgery involve? The technique for removal of a TGDC is the Sistrunk procedure. It involves surgical removal of the cyst and its tract all the way back to the base of the tongue where it originated. This also involves removing a small central portion of the hyoid bone. This is done to ensure complete removal of the tract and minimize the chance for recurrence after such an operation. A small drain is placed into the wound after surgery. General anesthesia is used for surgery. Most patients go home the same day but some patients may need to stay overnight. After surgery, the patient will probably

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have some discomfort and pain medicine is usually prescribed. It may or may not be necessary to remove stitches. If sutures need to be removed, it is usually done in the office a week after surgery. The patient may shower or have a sponge bath at home one to two days after surgery, after the drain is removed. Recovery takes about a week. A follow-up appointment about 1-2 weeks after the surgery is typically made to check how the area is healing.

SURGICAL RISKS AND POSSIBLE COMPLICATIONS:

Despite the fact that surgery in the neck involves dissection in proximity to many important structures such as vessels and nerves, the Sistrunk procedure is usually performed without difficulty or long-term complications. Most patients usually leave the hospital the day of or the day after surgery.

After any surgery, some pain is normal, but if it does not decrease or worsens, it may be abnormal and indicate infection or bleeding. *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. The drain that may be placed during surgery is designed to help prevent these.

The biggest risk is *recurrence* of the cyst. Every effort is made to remove the cyst in its entirety. Sometimes the cyst has branches that 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 have their cyst successfully removed in one procedure and never have another problem. If the cyst does recur it may require further surgery to try to completely remove it.

The nerves which move the tongue (the *hypoglossal nerves*) and the nerve which supplies the voice box with sensation (the *superior laryngeal nerves*) travel near the surgical area. Injuries to these nerves are rare with this procedure, but because of their location an injury is possible.

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

The operation is carried out under general *anesthesia.* As with any type of surgery, the risks of anesthesia such as drug reaction, breathing difficulties, and even death are possible. With this surgery anesthetic complications are very rare. Please feel free to discuss any specific concerns about anesthesia with the anesthesiology team.

GENERAL POST-OPERATIVE INSTRUCTIONS/CARE

1. Activity: Light activity is advised for 1-2 weeks after surgery.
2. Diet: General diet as tolerated is recommended.
3. Medicines: Pain medications are typically prescribed. These are to be taken as directed. Antibiotics may also be prescribed.
4. Bathing: Generally, showering is fine 24 hours after the surgery after the drains are removed. No bathing or soaking in water is recommended until after the incision is healed.

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5. Post-operative follow-up: Sutures may be dissolvable or may have to be removed a week after surgery. A post-operative follow-up is typically scheduled for about a week after surgery.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I have been given an opportunity to ask questions about this condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient name **printed**: _____

Patient **signature**, or if applies Parent/Guardian/POA **signature**: _____

If applies, Parent/Guardian/POA **printed** name: _____

If applies, Parent/Guardian/POA **relationship** to patient: _____

Date: _____ Time: _____

Witness: _____ Date: _____