THYROGLOSSAL DUCT CYST

PATIENT INFORMATION and
SURGICAL INFORMED CONSENT

The operation that has been recommended is called Sistrunk procedure for the excision of a thyroglossal duct cyst (TGDC). This operation involves removing a congenital cyst from the neck. This cyst is caused by tissue left over from when the thyroid gland descends 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. It often goes unnoticed for years to decades until it grows, typically in the setting of infection.

How does a TGDC present? It usually presents as a neck lump in the middle of the neck (in the region of the hyoid bone, which is above the voice box) that is usually painless, smooth and cystic, though if infected, pain can occur. There may be 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 a thyroglossal duct, though cysts within the tongue or in the floor of the mouth are rare. 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. If the TGDC is infected, the infection must be controlled before surgery can be done.

What does surgery involve? The Sistrunk procedure involves surgical resection of the duct to the base of the tongue and removal of the central portion of the hyoid bone. A removal of the central portion of the hyoid bone is indicated to ensure complete removal of the tract so that it is unlikely that there will be a recurrence after such an operation. Thyroid scans and/or thyroid function studies are ordered preoperatively; this is important to demonstrate that normally functioning thyroid tissue is in its usual area. General anesthesia is used for surgery. Most patients go home the same day unless there are any breathing problems or a small drain is placed in the wound. In those cases, the patients may need to stay overnight. After surgery, the patient will probably have some discomfort and pain medicine is usually prescribed. It may or may not be necessary to remove stitches. If those need to be removed, it is usually done 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 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 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. 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.
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/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient name **PRINTED:** ________________________________________________________________

Patient or Parent/Guardian/POA **SIGNATURE:** ____________________________________________

(If applies) Parent/Guardian/POA **Printed name:** _________________________________________

(If applies) Parent/Guardian/POA **relationship to patient:** ________________________________

Date: ________________________________

Witness: ________________________________ Date: ________________________________