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## THYROGLOSSAL DUCT CYST REMOVAL

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### **Definition**

Thyroglossal duct = an endodermal tube in the embryo that carries thyroid-forming tissue and it usually

disappears after the thyroid has moved to its location in the neck

Cyst = a closed cavity or sac that is lined by epithelium often contains liquid or semi-solid material

This procedure involves removal of the remnant of the path that the thyroid gland traveled while being developed during pregnancy. The path went from the back of the tongue to below the voice box in the neck. This is occasionally left over during fetal development.

### **Purpose of Procedure**

This procedure is done to remove a fluid-filled mass that develops in the remnant usually due to a viral infection. In rare instances, this mass could be thyroid tissue and could be malignant.

### **Preparation**

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti inflammatory medicines, etc..."). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

### **Procedure**

This procedure involves making an incision over the hyoid bone, which lies above the voice box in the front of the neck. The mass is then identified and separated from the surrounding tissue including the cartilage of the voice box and the membrane that connects the voice box to the hyoid bone. The muscles that attach to the voice box are retracted to gain access and the tract is followed down toward the thyroid gland. It is then clamped and

cut. The mass is separated from the attachments under the tongue. Because the tract usually passes through the hyoid bone, a central portion of that bone is cut and removed with the mass. There is an extension of the tract leading to the base of the tongue that is clamped and removed. Bleeding is controlled with suture material and electrocautery. A temporary drain is placed in the surgical site and the incisions are closed with both dissolvable and removable suture material. A surgical dressing is applied.

### **Post Procedure**

Following this procedure, pain medication will be prescribed to manage discomfort. The dressing will be changed daily until the drainage from the surgical site is minimal. This may take 1 or 2 days. The drain is then removed and a dressing reapplied for another day. After the dressing is removed, water exposure should be avoided until the sutures are removed. This will take approximately 1 week.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

### **Expectations of Outcome**

This procedure should result in complete removal of the mass and the associated tract. There is a slight chance of recurrence.

### **Possible Complications of the Procedure**

This is a safe procedure, however, there are uncommon risks associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- **Anesthesia complications:** There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Injury to the nerve that moves the tongue or the nerve that provides sensation and movement to part of the voice box

- Possible recurrence of the cyst

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).