

Excision of Thyroglossal Cyst

WHAT IS REMOVAL OF THYROGLOSSAL CYST?

This is an operation to remove a thyroglossal cyst and tract (a fluid-filled sac and associated tissues) at the front of the neck. The procedure, which is carried out under general anesthesia, usually takes less than an hour. As a rule, only a brief stay in the hospital is necessary and recovery is prompt.

RISKS AND BENEFITS

Once a thyroglossal cyst becomes enlarged, surgical excision is recommended because it frequently becomes infected and may become malignant. Removal of cyst and tract also prevents recurrence. There are the usual risks of general anesthesia. Other risks include infection and bleeding.

WHY IS IT PERFORMED?

Thyroglossal cyst is formed during development before birth. During organ formation in the embryo, the rudimentary thyroid gland migrates from the floor of the mouth to the neck. The thyroglossal tract follows the line of migration: the cyst can occur at any point along this tract between the base of the tongue and the thyroid gland. This embryological remnant may never cause any symptoms, or it may appear as a lump under the skin. Sometimes there is an open track connecting the cyst to the skin. While they are most common in young children, 30 percent of enlarged thyroglossal cysts are found in people over the age of 20. The cyst is often noticed first when there is an upper respiratory tract infection. Typically, the thyroglossal cyst is painless and soft; if infected, it becomes swollen and the overlying skin is tense and red. One of the characteristic features is its upward movement on swallowing or sticking out the tongue. The surgeon may request a needle biopsy for diagnosis.

THE PROCEDURE

PREPARING FOR SURGERY

There is no special preparation. You will be given a thorough physical, and blood and urine samples will be taken for analysis. Blood may be cross-matched in case a transfusion is needed. If the cyst is infected, a course of antibiotics will be prescribed before surgery is performed. The evening before the operation, you should eat a light meal.

ON THE DAY OF SURGERY

Having fasted from midnight, you will be asked to take a shower or bath and remove and make-up, jewelry, and dentures. If the patient is a child, an explanation of the procedure will be given in terms which he or she can understand. Dressed in a hospital gown, you will be given your premedication to relax you an hour or so before surgery.

IN THE OPERATING ROOM

The surgeon will work with you lying, anesthetized, on your back, with your neck extended. A horizontal incision is made in the region of the enlarged cyst. The surrounding muscles are divided to free the cyst, and the blood vessels are tied and cut. Because the thyroglossal tract is closely associated with the hyoid bone, the middle section of this bone is cut and detached as well. Then, a small cone of muscle is cut away from the base of the tongue to free the rest of the thyroglossal tract. Cyst and tract are removed together. The tongue muscle is repaired and the incision is sutured closed. You will be taken to the recovery room for monitoring as you come out of the anesthetic. You will wake to find an intravenous infusion in one arm to supply essential fluids. A wound drain may be in place to improve healing.

BACK IN YOUR ROOM

Your vital signs (temperature, pulse, blood pressure, respiration) will be checked at frequent intervals in the first few postoperative hours. You will feel sleepy and possibly nauseous; your neck will be sore, and you may have difficulty in swallowing for the first few days. You will be given painkilling injections as necessary and drugs to relieve nausea. You should be able to get out of bed on the first postoperative day. Any drains in the wound should be removed in a day or two, and you should be eating normally before long. Given good progress, you can expect to leave the hospital within a week.

GOING HOME

On leaving the hospital, you will be given an appointment for a postoperative checkup with your surgeon. You will be advised to take things easy for a few weeks, but you should be able to resume all normal activities, including driving a car and going to work, within a month.

POSSIBLE COMPLICATIONS

Recurrence of an enlarged thyroglossal cyst is uncommon and may be caused by thyroglossal tissue left after surgery. A thyroglossal sinus or fistula (a track opening onto the surface of the skin) results from incomplete excision of the cyst or track. In either case, further surgery is necessary.