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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Thyroglossal Cyst

Ear Nose and Throat Speciality

Your Consultant / Doctor has advised that you have removal of your thyroglossal cyst.

What is a thyroglossal cyst?

It is a collection of fluid causing a swelling underneath your chin

You will need to be in hospital for one to two days.

What are the benefits of having removal of a thyroglossal cyst?

Removal of the thyroglossal cyst removes the swelling and prevents recurring infections. A cut is made into the area and the surgeon then removes your cyst.

What are the risks of having removal of a thyroglossal cyst?

- Infection - this is a problem that can occur to all wounds and can increase the time it takes to heal. You will need to see your family doctor (GP) for antibiotics if this happens.
- Bleeding and bruising - a drain from your wound will help to reduce this but some bruising around your face and neck region is unavoidable. You will be sat up in bed on return to the ward to reduce the risk of this. The drain will be removed the day after the operation whilst you are an inpatient.
- Recurrence - the cyst may return requiring further surgery.
- Scar - 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.
- Sore throat and discomfort on swallowing – this is due to involvement of a bone in your neck. It usually subsides as the area heals.
- Altered tongue movement – due to damage to a nerve in this area
- Neck stiffness - you should move your head within your limits to prevent neck stiffness.

There may also be risks or complications relevant to your particular case, the surgeon will discuss these implications with you before surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

Are there any alternatives available?

There are no alternatives known.

What will happen if I decide not to have treatment?

The cyst will remain, it may swell further and it may become infected and discharge.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please bring an overnight bag with toiletries, towels and night wear.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30am and 4.30pm Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you. If you are on regular medication, you will be told to take this if necessary.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- Please do not wear makeup.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre area, you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

What should I expect after my operation?

- After your operation you will be kept in the recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, breathing and wound regularly.
- You may have a drip in your hand or arm with some fluids running through.
- If you feel any pain it is important that you tell the nursing staff, they will give you painkillers to help.
- You may have a drain in your neck: this is to take away excess fluid/blood from your wound. To assist with drainage you will be asked to lie in an upright position. The drain will be removed at the direction of the doctor before you are discharged.
- You may experience some neck stiffness, this will resolve as the swelling in your neck reduces. Try to move your neck gently rather than keeping it still, this will reduce stiffness.
- The nursing staff will advise you when to start taking sips of water. Anaesthetic drugs can sometimes make you feel sick, it is best to wait until this feeling has passed before you start to drink. The nursing staff may offer you an injection to take the sick feeling away.

The first time you get out of bed please ask a nurse to accompany you, as you may feel dizzy.

Going Home

Your doctor will discharge you when your drain is removed. If you have a cannula (plastic tube) in your arm/hand, this will be taken out before you go home.

Do not smoke for at least two weeks after your operation, as this will affect the healing process.

Different surgeons have differing preferences to wound closure materials. You will be advised to go to your practice nurse for removal of your stitches five to seven days post operation if this is necessary. If this is not possible a district nurse will be organised. Avoid strenuous activity and heavy lifting for a few weeks.

Discharge Information

Pain relief and medication

The nursing staff will organise any necessary medication that has been prescribed for you to take home. It is important that you take these as directed: any repeat prescriptions can be obtained from your GP (family doctor).

Getting back to normal

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.

Your wound

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.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will have to see your GP.

Further Appointments

An outpatient appointment will be arranged and sent out to you.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Patient Notes:

Further information

If you have any further questions, or require further information, please contact:

ENT Nurse Practitioners:

Helene Bryant/ Sue Bragan / Christine Burton

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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