



**Otolaryngology  
Specialists  
of North Texas**

**Pediatric and Adult Ear, Nose, & Throat Specialists**

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## POST-OPERATIVE INSTRUCTIONS THYROGLOSSAL DUCT CYST/BRANCHIAL CLEFT CYST

**Recovery:** Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately an hour. They are then transferred to the day surgery unit where they are allowed to visit with their family and friends, have something to drink and eat, get out of bed, and go to the restroom. Once the patient has fulfilled all of the criteria required by the surgeon and the day surgery staff, they are allowed to return home. Some younger children who undergo removal of thyroglossal duct cysts will be admitted overnight, depending on the age of the patient, and extent of the procedure. We generally have adults budget 1-2 days off of work following removal of a thyroglossal duct cyst. For children, the same time period out of school applies, but we would request that they be kept out of PE for the first week.

**Diet:** The patient is typically given clear liquids either in recovery, or upon transfer to the day surgery unit. Depending on the level of grogginess, and whether they have nausea, the patient's diet is advanced to a regular diet rapidly over the first and second day. Upon return home, there are no dietary restrictions.

**Activity:** We typically have the patient maintain head elevation while in bed during the first week. This reduces swelling and discomfort. We suggest no heavy lifting or vigorous activity during the first week.

Instructions/expectations:

**pain:** The pain following a thyroglossal duct cyst removal is typically mild. Most patients have good pain control with Tylenol, or a mild oral narcotic pain medication for the first few days after surgery. We do ask the patient to avoid NSAID's like Motrin, ibuprofen, Advil, Aspirin, or Aleve. It is common to have some mild throat pain for a day or two after this surgery due to the breathing tube which is in place during the surgery.

**nausea:** Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon or their office staff.

**fever:** Fever is not expected after removal of a thyroglossal duct cyst. If a fever over 100 is present, please call the physician.

**swelling:** Typically, the surgical region does swell mildly during the first 24-48 hours, then the swelling slowly subsides over a period of 1-2 weeks.

**numbness:** Most patients have numbness of the region around the incision for several weeks.

**incision care:** The surgical incision is typically closed with absorbable sutures under the skin, steri-strips (tape affixed to the skin), or sutures on the skin. Your surgeon will update you on which method of closure was used, and how the incision is to be cared for, based upon the method of closure.

**Medications:** Pain medication(s) as per your surgeon's instructions. Commonly used medications include acetaminophen or prescription acetaminophen/hydrocodone. Antibiotic if prescribed by your surgeon.

**Follow-up appointment:** A routine follow-up visit is usually made for about one week after surgery. The office staff makes this appointment when the patient calls to set up surgery.