

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. “An educated patient is the best patient.”*

Branchial Cleft Cyst or Sinus Removal

Definition

Branchial cleft = one of the open or potentially open clefts that occur on each side of the neck region and may or may not extend through from the exterior to the cavity of the mouth and pharynx

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

- Sinus = a cavity or hollow in the body

This procedure involves removal of a cyst or sinus, which is found in the side of the neck. This is occasionally left over during fetal development in pregnancy.

Purpose of Procedure

The reason this procedure is done is to remove a mass that may or may not be associated with a drainage site through the skin.

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 new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative 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 in the skin overlying the mass. The cyst or sinus is then carefully separated from the surrounding tissue, which includes the internal and external carotid arteries, and also the nerves that move the tongue and the nerves that provide swallowing. This attachment is cut and the mass is removed. The opening into the throat is closed if necessary. Bleeding is controlled with electrocautery and suture material. A temporary drain is placed at the surgical site and the incisions are closed with both dissolvable and removable suture material.

Post Procedure

Following this procedure, pain medicine may 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 a complete removal of the mass and sinus tract, if present. There is a 1% chance that the structure removed could contain a cancer, which may require further surgery.

Possible Complications of the Procedure

Branchial cleft cyst or sinus removal is safe, however, there are uncommon risks associated with the procedure. 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 nerves that move the tongue or nerves that provide swallowing

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).