

# Sistrunk's procedure



## Information for patients Endocrine Surgery

### What is the thyroglossal duct or cyst?

The thyroglossal duct is what remains of a tube that grows down from the floor of the mouth to the front of the voice box and develops into the thyroid gland. This tube normally shrinks in size and closes off before birth, but may remain open in some people. Occasionally, fluid can collect in part of this tube and this fluid collection is called a thyroglossal cyst.

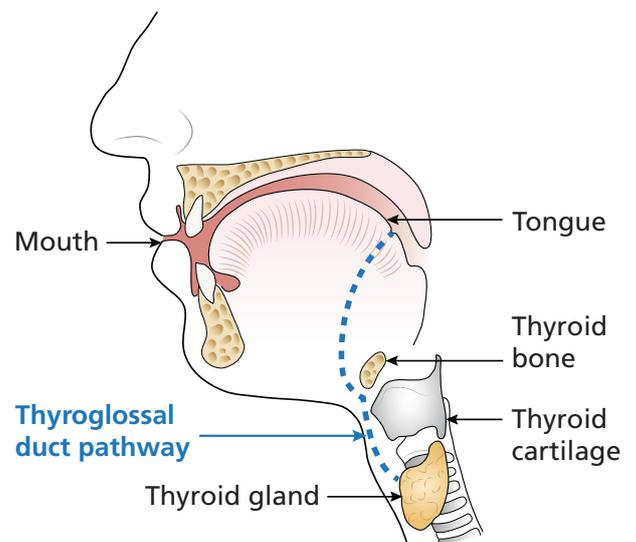
### What is done in this procedure?

In this procedure, the thyroglossal duct with cyst is removed through an incision (cut) across the front of the middle of the neck. The duct often passes through the front part of the hyoid bone (a bone below the floor of the mouth). Often a small part of the hyoid bone is removed to ensure complete removal of the duct.

This is done whilst you are asleep (general anaesthetic).

### Why is this procedure performed?

This operation is performed in patients with a thyroglossal cyst to prevent cyst infection. Sometimes, the cyst opens on to the skin and leaks fluid (thyroglossal fistula) and an operation is required to correct this. Very rarely, this operation is performed for cancer arising from the cyst or duct.



## What risks should I be aware of in relation to this procedure?

The operation is generally a safe and effective procedure. However, there is a potential for complications such as:

- **Bleeding** – Although bruising around the incision may sometimes occur, the risk of a significant bleeding complication is low. Occasionally, a second operation may be required to treat this complication.
- **Infection and fistula formation** – Due to the position of this duct, the risk of wound infection is higher than other thyroid operations. Sometimes, there can be a persistent leak of fluid from the site of operation. This is called a fistula and this may need further treatment.
- **Recurrence** – Occasionally parts of the thyroglossal duct/tract may persist and lead to further cyst or fistula formation.
- **Excessive scarring** – Although neck scars usually heal well and (like most scars) fade away with time, some patients develop 'hypertrophic scarring' and 'keloids' at the site of surgery. This is where the body forms excessive scar tissue in response to surgery and the scar becomes thick, prominent and sometimes itchy. If you are prone to developing these types of scars, discuss this with the surgeon.

## What should I expect before admission?

You will be asked to have a pre-operative assessment to ensure that a general anaesthetic is feasible, safe and appropriate. Your surgeon may arrange for you to have some blood tests (including a check of your thyroid function and calcium levels).

## What should I expect on the day of surgery?

You will usually be asked to come in on the day of the procedure. The anaesthetist and surgeon will see you before surgery. The anaesthetist will put you to sleep and the operation will be performed. You may also have an injection in the neck to relieve pain and discomfort after the procedure. A drain (tube) may be left in place at the end of surgery to drain any fluid that may collect in the region. This is removed within a few days of surgery.

## What should I expect after the procedure?

Recovery following the operation is usually similar to recovery following any general anaesthetic. You will be expected to stay in hospital for at least one night after surgery. You will be prescribed painkillers, but the amount of pain and discomfort felt by patients is quite variable. If your pain is not well controlled, please do not hesitate to talk to the nurse. Some patients have nausea and vomiting after surgery, but these can be effectively treated as well.

You will usually be up, able to walk around and eat the next day. You should be ready to go home after the drain is removed.

## Is there any other specific information I should be aware of?

The speed of recovery is very variable. In general, patients are advised to rest for 2-3 weeks following the procedure. You are also advised to avoid driving for 2 weeks and avoid long haul air travel for 2 months following surgery.

## Is there anything I should look out for when I go home?

After discharge, an appointment will be made to see the surgeon in a few weeks. In the meantime, if you experience any of the following symptoms, please ask to see a member of the clinical team sooner.

- Increasing pain, swelling, redness or discharge at the site of surgery
- Feeling excessively hot and/or cold

## Where can I get more information?

You should be able to ask the surgeon performing the operation for further information. The following websites may also be helpful.

- [www.lnwh.nhs.uk/services/a-z-services/e/ent-ear-nose-and-throat/ent-operations/neck-operations/thyroglossal-cyst-excision/](http://www.lnwh.nhs.uk/services/a-z-services/e/ent-ear-nose-and-throat/ent-operations/neck-operations/thyroglossal-cyst-excision/)
- [www.patient.co.uk/doctor/thyroglossal-cysts](http://www.patient.co.uk/doctor/thyroglossal-cysts)



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