

# Thyroglossal Duct Cyst

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This handout explains a type of cyst in your child's neck, how it forms, the surgery to remove it and care after surgery.

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## What is a thyroglossal duct cyst?

A thyroglossal duct cyst is a sac or pocket filled with fluid inside the front of the neck. From the outside, it looks like a small round lump.

Before babies are born, when their thyroid gland develops, leftover tissue can cause these cysts. During this time, cells at the back of the tongue move down a canal called the thyroglossal duct to become the thyroid gland in the neck. This duct usually goes away. If it does not go away, the duct can create a cyst.

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## How do I know if my child has one?

To see if your child has a thyroglossal duct cyst, we will do an exam and learn their health history. We may also use a camera that uses sound to make pictures of the inside of your child's body (ultrasound).

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## Why does the cyst need to be removed?

The cyst can get infected, causing redness and tenderness. Removing the cyst (called a Sistrunk procedure) can prevent infections. If your child's cyst is infected, we will prescribe antibiotics to treat the infection before surgery. It's best to do surgery when there is no infection.

To prevent it from coming back, we remove a small part of the hyoid bone, the duct and the cyst. The hyoid is a very small bone attached to the tongue and other muscles.

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## What can we expect from surgery?

- We will give your child general anesthesia for this procedure, so they will be fully asleep. General anesthesia can be given through an intravenous (IV) tube that goes into a vein or by breathing in gas.
  - Your child will spend one night in the hospital after surgery.
  - They may have a drain, which looks like the end of a balloon, in place near their incision. We will remove this drain the morning after surgery before your child goes home.
  - We will attempt to hide the cut (incision) in a natural neck crease under the chin. Your child will have stitches under their skin that go away on their own (dissolve).
  - We may apply tape called Steri-Strips or skin glue and a clear bandage over the incision. This bandage will fall off on its own in 7 to 10 days.
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### To Learn More

- Otolaryngology  
206-987-2105
- Ask your child's healthcare provider
- [seattlechildrens.org](http://seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

### How should I care for my child at home?

- Gently wash the area starting 2 days after surgery.
- Your child can return to school 2 to 3 days after surgery.
- No swimming or contact sports for 6 weeks.
- A little redness along the incision is normal and may last a few weeks.
- Apply sunscreen on the incision for 1 year after surgery.

### When should I call the doctor?

Call the Otolaryngology clinic if any of the following happen:

- The surgical area becomes red, swollen or there is drainage
- The pain medicine we prescribed does not control your child's pain
- Your child has a fever of 101.5 degrees Fahrenheit or higher

Call the clinic at 206-987-2105 or on the weekend or evenings, call 206-987-2000 and ask for the Otolaryngology doctor on call.

### How do I dispose of leftover opioid pain medicine?

To keep your family safe, store medicines inside a locked cabinet or location where others cannot easily get to them. Once your child has recovered from surgery, dispose of all unused prescription medicines. Taking leftover pain or other medicines on purpose or by accident, can be very dangerous. For more information about safe disposal of unused opioid medications, read our handout "Safe Use and Disposal of Opioid Medicines" ([seattlechildrens.org/pdf/PE3140.pdf](http://seattlechildrens.org/pdf/PE3140.pdf)) or visit [takebackyourmeds.org](http://takebackyourmeds.org) to find a take back place near you.