What Is a Branchial Cleft Cyst?
A branchial cleft cyst is not cancer. These cysts appear as a growth on the side of the neck and are congenital, which means they form as a baby develops in the womb. They often do not appear until later in life. Branchial cleft cysts are the most common cause of congenital neck masses. A small percentage of people have cysts on both sides of their necks. If a cyst is diagnosed, your health care provider will also check the other side of your neck.

What Are the Symptoms?
Most branchial cleft cysts are painless and show no symptoms. If the cyst is large, it may cause noisy breathing or difficulty with swallowing, speaking, or breathing. Sometimes the cysts will become tender, enlarged, or inflamed when you have a cold or other respiratory illness. In severe cases, the cyst may become infected and rupture.

How Are Branchial Cleft Cysts Treated?
Branchial cleft cysts often require no treatment. If they become infected, your health care provider will prescribe antibiotics. Your primary care provider may have referred you to a head and neck specialist to have the cyst removed if you have had many infections or severe symptoms.

You may receive a CT or MRI scan before surgery. These images help your health care team plan for surgery.

The surgery requires general anesthesia. Surgeons often use a series of cuts to make sure the entire cyst is removed.

Branchial cleft cysts have about a three percent risk of coming back after surgery. Previous surgery or recurrent infection can raise this risk considerably. Your health care provider will watch for this in follow-up visits.

Possible Complications of Surgery
Pain. After any surgery, some pain is normal. While you are in the hospital, your health care team will do their best to control your pain. They will ask you often about how much pain you are feeling on a scale of 0-10, with 10 being the worst pain you can imagine. This information helps your health care team decide what medicines will best relieve your pain. They may put pain medicine directly into your veins or give you pills, depending on what works best.

When you go home, you will receive a prescription for the same kinds of pain pills you took in the hospital. Follow the directions for your medications. Please tell your surgical team if your pain gets worse.

Infection. Whenever there is a break in your skin, there is also a risk of infection. Good hand washing is the best and easiest way to prevent infection from spreading. Wash or disinfect your hands often, and make sure your caregivers and visitors do, too.

Watch for these signs that an infection may be starting:
• Increased pain, redness, or warmth at the site of your surgery
• Increased drainage from your surgery wound
• A fever higher than 101°F

If you notice any of these signs, tell your nurse or doctor right away.

Swelling. Swelling around the surgical site can cause pressure on the windpipe and make it difficult to breathe. To decrease the swelling, the surgeon will place tubes that drain fluids to the outside at the site of your surgery. At first, a suction device connected to the tubes will help remove the fluid. Your nurses will check the drained fluids often to make sure there is no infection. Swelling can also make it difficult to swallow. It should improve within several days after surgery. Tell your health care team if you have questions about what you can eat or drink.
Bleeding. The neck has many blood vessels so bleeding is always a risk during neck surgery. The surgeon will place tubes in your neck to allow fluids that collect to drain away and to reduce the swelling after surgery. Your nurses will watch the amount and color of the drainage for excess bleeding and signs of infection. Some blood is common immediately after surgery, but the drainage becomes more yellow as you heal.

Pneumonia. Lying in bed too much keeps your lungs from expanding fully. This can raise the risk of getting the lung infection called pneumonia. To help prevent this, your nurses will ask you to start walking as soon after your surgery as it is safe. The nurses will also give you a device to exercise your lungs in the hospital and after you go home. It is called an incentive spirometer. To use it, you breathe out as deeply as you can and breathe in through the mouthpiece of the device. It measures how much air you breathe in. After you go home, use the device about every two hours to keep your lungs in good shape and prevent pneumonia.

Blood clots. Inactivity raises the risk that a blood clot will form in your legs. If a clot occurs, it can move through the veins to your lungs. This can be deadly. To help prevent blood clots, your nurses will encourage you to get up and move around as much as you can. While you are in the hospital, your health care providers may put special foam boots on your legs. They inflate and deflate to keep the blood in your leg veins moving so it cannot clot. Your doctor may also prescribe Heparin, a medicine that prevents blood clots from forming.