

What is a branchial cleft cyst?

A branchial cleft cyst is a lump that grows on the side of the neck. It is not cancer. These cysts form as a baby grows in the womb. Often, branchial cleft cysts are not found until later in life. If you have a cyst, your doctor will check both sides of your neck.

What are the symptoms?

Most branchial cleft cysts are painless and cause no symptoms. If the cyst is large, it may cause noisy breathing. It can also cause trouble with swallowing, speaking, or breathing. Sometimes the cysts get tender and swollen when you have a cold or other respiratory illness. In severe cases, the cyst can become infected and break open.

How are branchial cleft cysts treated?

Branchial cleft cysts often don't need to be treated. If they become infected, your doctor will prescribe antibiotics. If you get infections or severe symptoms often, your doctor may send you to a head and neck doctor to talk about having the cyst removed.

You may get a CT or MRI scan before surgery to check the size of the cyst. The images from the scans help your health care team plan for surgery.

General anesthesia will keep you asleep during the surgery. Your surgeon will try to make sure the entire cyst is taken out.

Sometimes, branchial cleft cysts may come back after surgery. If you've had this surgery before or have had many infections in the cyst, you may have a higher risk. Your care team will watch for this in follow-up visits.

Possible side effects of surgery

Pain. After any surgery, some pain is normal. While you are in the hospital, your care team will do their best to help control your pain. They will ask you often about how much pain you are feeling. This helps your care team decide what pain medicines will work best for you. They may put pain medicine directly into your veins through an IV or give you pills.

When you go home, you will get a prescription for the same pain pills you took in the hospital. Follow the directions for your medicines. Tell your care team if your pain does not get better or if it gets worse.

Infection. Any time you have a break in your skin, there is a risk of infection. Good hand washing is the best and easiest way to prevent infection. Wash or disinfect your hands often, especially after using the bathroom, before eating, and before touching the area of your surgery. Make sure your caregivers and visitors do, too.

Watch for these signs that show an infection may be starting:

- More pain, redness, or warmth at your surgery area
- More blood or fluid coming from your surgery area
- A fever higher than 100.3° F

If you notice any of these signs, call your care team right away.

Swelling. Swelling around the surgery area can cause pressure on your throat. This can make it hard to breathe. The surgeon will put tubes to drain fluids from the surgery area to help prevent swelling. While you are in the hospital, nurses will connect a suction device to the tubes to help remove the fluid. Your nurses will check the fluid often to make sure there is no sign of an infection.

Swelling can also make it hard to swallow. The swelling should get better a few days after surgery. Tell your care team or speech and swallowing therapist if you cannot drink liquids or if you have questions about what you should eat and drink.

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Bleeding. The head and neck have many blood vessels, so bleeding is a risk during this surgery. Your nurses will check the fluid from the drain tubes for signs of too much bleeding. Some bleeding is common right after surgery, but the fluid that drains becomes more yellow as you heal.

Pneumonia. Pneumonia is a very serious lung infection. Staying in bed too much keeps your lungs from expanding all the way. This can raise the risk of getting pneumonia after surgery. To help prevent pneumonia, your nurses will ask you to start walking as soon after your surgery as it is safe. This helps keep your lungs in good shape.

The nurses will also give you a tool to exercise your lungs. 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. At home, use the device every two hours.

Blood clots. Not being active raises the risk of blood clots in your legs. If a clot happens, it can move through the veins to your lungs. This can be deadly. To help prevent blood clots, your nurses will ask you to get up and move around as much as you can. While you are in the hospital, your care team may put foam boots on your legs. The boots inflate and deflate to keep the blood in your leg veins moving so it cannot clot. Your doctor may also prescribe a blood thinner medicine to help prevent blood clots.



Using an incentive spirometer