

Branchial Cleft Cyst and Tract Excision

Procedure-Specific Information & Consent (PCC)

This document explains branchial cleft cyst and tract removal and supports your discussion with your surgeon.

Patient Name: _____

PHN: _____

Date of Birth: _____

1. Recommended procedure

Branchial cleft cyst and/or tract excision

Side: ☐ Right ☐ Left

The surgeon may adjust the dissection within the agreed scope based on the tract location and findings during surgery. This may include removing closely attached tissue or using additional exposure needed to remove the lesion safely and protect nearby nerves and blood vessels.

2. Why this procedure is recommended

A branchial cleft remnant is tissue left from development before birth. It may form a neck lump, opening, or draining tract and can become infected more than once.

The goals are to reduce swelling, infection, or drainage and to obtain a tissue diagnosis.

A cystic neck mass in an adult must be fully assessed and should not be assumed to be a benign branchial cyst. Examination, imaging, and needle sampling may be needed before surgery.

3. What the procedure involves

- General anesthesia (medicine that keeps you fully asleep) and an incision in a neck crease.
- Removal of the cyst and as much of the tract as can be removed safely.
- The tract may extend toward the throat, ear, parotid gland, thyroid, nerves, or major blood vessels. Anatomy varies.
- Facial nerve monitoring, a drain, endoscopy, or additional exposure may be used when needed.
- The specimen is sent to pathology for examination in a laboratory.
- Many patients go home the same day; an overnight stay may be needed.

Active infection is usually treated before planned excision. Previous infection, drainage, or surgery can cause scarring and make the operation harder. The surgeon may make closely related changes needed to complete the planned operation safely. A separate major procedure is not planned unless it was discussed with you beforehand.

4. Expected benefits and limitations

Potential benefits:

- Fewer episodes of swelling, infection, pain, or drainage
- Removal of the neck lump or draining tract
- A tissue diagnosis from pathology

Important: A scar will remain. Complete removal and cure cannot be guaranteed. A tract may be difficult to find or may not be safely removable in full. The problem can return, and further surgery or other treatment may be needed if the final diagnosis changes.

5. Risks and side effects

Common or expected:

- Pain, swelling, bruising, temporary numbness, and a visible neck scar
- Temporary neck stiffness or discomfort with swallowing

Less common but important:

- Bleeding or a neck hematoma (collection of blood), which may threaten breathing and require urgent surgery
- Infection, a seroma (clear-fluid collection), wound opening, or ongoing drainage

- Incomplete removal or recurrence, with possible need for another procedure
- Injury to a nearby nerve. Depending on the tract location, this may cause weakness of the face or lower lip, tongue weakness or altered feeling, voice change, swallowing difficulty, or shoulder weakness. These changes may be temporary or permanent.
- Injury to a major blood vessel, causing severe bleeding and, very rarely, stroke
- Injury to the throat, salivary gland, thyroid, or nearby tissue; a saliva leak or other repair may be needed
- Anesthesia-related risks, discussed separately

6. Type- and location-specific considerations

- First branchial cleft lesions may lie near the ear, parotid gland, and facial nerve. Facial nerve dissection or parotid exposure may be needed.
- Other branchial tracts may pass near the throat, thyroid, voice nerves, tongue nerves, or major blood vessels. Endoscopy or thyroid exposure may be needed in selected cases.
- Not every lesion is close to every structure. Your surgeon will discuss the risks that apply to your suspected type and location.
- An unexpected pathology result may change the later treatment plan. Cancer surgery is a separate procedure.

7. Alternatives

Depending on the diagnosis and symptoms, alternatives may include:

- Observation with planned follow-up after adequate diagnostic assessment
- Antibiotics for infection; these do not remove the cyst or tract
- Needle aspiration or drainage for diagnosis or an abscess; this is usually not a permanent treatment
- Endoscopic treatment for selected tracts
- No treatment, with the risks of further swelling, infection, drainage, growth, or delayed diagnosis

8. Recovery and when to seek help

- Follow the wound, drain, bathing, and activity instructions provided by your surgical team.
- Ask when and how the pathology results will be reviewed, and attend all follow-up visits.

Seek urgent medical care for:

- Call 911 for trouble breathing, fainting, rapidly increasing neck swelling, or heavy bleeding.
- Seek same-day care for fever, redness, pus, worsening pain, ongoing drainage, new facial or tongue weakness, voice change, or swallowing problems.

9. Acknowledgement

I understand the planned branchial cleft cyst or tract operation, possible closely related changes based on the tract anatomy and surgical findings, expected benefits, limits, risks, alternatives, pathology follow-up, and recovery. My questions have been answered. This document supports, but does not replace, the hospital consent process.

Patient / Parent / Guardian Name: _____

Signature: _____

Date: _____