



CYSTIC HYGROMA

What is a cystic hygroma?

Your child has a cystic hygroma, a benign, painless cyst of early childhood. It is seen most commonly on the neck and under the arm, but can be located anywhere on the body. Cystic hygromas may get bigger as the child gets older. Another name for it is lymphangioma.

Who gets a cystic hygroma?

This type of cyst forms on its own and there is nothing you could have done to prevent it from happening.

How is a cystic hygroma diagnosed?

The information you give the doctor plus the doctor's examination of the cyst are all that is needed to diagnose the problem. The surgeon may order a CT scan or MRI scan to see how deep the cyst is and what it is connected to. This information is helpful for planning the operation. These scans are painless, but require some special preparation and possibly some dye to make the cyst show up better.

How is the decision made that surgery is needed?

Having an operation to remove the cyst is necessary to prevent infection and to cure the problem because the cyst will not go away on its own. Because of the size and complexity of the cyst, your child will be admitted to the hospital after the operation so s/he can be observed carefully.

What can I expect from surgery?

Most likely, there will be a drain tube placed in the incision to drain any excess fluid following removal of the cyst.

What care is needed at home after surgery?

Care of the incision: The incision will be stitched below the skin and there will be either some tape strips or clear glue-like stuff called collidion (pronounced *ka-LOAD-e-un*) on top of the incision. Both will peel off on their own in about a week.

Bathing: Sponge bathe the child for the first 3 days or as long as the drain is in place. S/he may have a regular bath after the drain is removed.

Diet: Your child will be started on fluids in the hospital and his/her diet will be advanced as s/he improves. By the time you get home, your child should be on solid food, but avoid spicy and greasy foods the first few days.

Activity: Your child's activity should be limited to quiet, indoor play when you get home. Avoid any activity that could cause the incision to get hit. If the child is on narcotic pain medicine, do not allow him/her to play on riding toys, playground equipment, or climb stairs. Full activity may be resumed after one week.

Medication: Please get your prescription(s) filled and follow the instructions for taking the medicine(s). The most commonly prescribed medicines after this operation are pain medication and antibiotics.

When should I call the surgery team?

You will be given an appointment for a follow-up visit with the surgeon about two weeks after the operation. If your child experiences any of the following problems, please call the appropriate resource:

Call 9-1-1 if your child is choking or cannot breathe.

Call the pediatric surgeon if you notice any of the following:

- Increased redness and swelling around the incision
- Drainage or bleeding from the incision
- Fever of 101.5 degrees or higher
- Rash
- Vomiting (especially with medication)

When can my child return to school or daycare?

School and P.E. attendance are related to the child's age at the time of the operation, and should be discussed with the surgeon before leaving the hospital.

Please reproduce and distribute this sheet to your surgery families. This teaching sheet can also be downloaded at www.APSNA.org.

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