

## Appendix 1

### *Patient disease perspective*

Back in 2020, I noticed a nodule in my neck. My initial reaction was one of terror; after all, a lump in my neck didn't seem like a good sign. Given that my husband is a doctor, I asked him to examine me. Initially, he wasn't sure about what was happening, so we opted to seek a specialized evaluation.

Ten days after detecting the nodule, a Head and Neck surgeon examined my neck and recommended a computed tomography (CT) scan, suspecting a thyroglossal duct cyst. She explained that it was a congenital malformation and assured me there was no need to be afraid. Feeling reassured after the consultation, I scheduled the tomography.

Two weeks later, the CT scan report confirmed the doctor's suspicions. At that point, I knew surgery was inevitable, and I began to worry about having a scar on my neck. Consequently, I took some time to consider my treatment options.

Despite being Brazilian, I am of Korean descent, and the thought of having a scar on my neck made me nervous. I was open to exploring different treatment options.

The surgeon overseeing my case was already performing a surgical technique called transoral endoscopic thyroidectomy vestibular approach (TOETVA) to remove the thyroid gland, which is an endoscopic procedure and was a novelty in Brazil, at that time. She explained that since the cyst I had was in the same region as the thyroid gland, she could perform the surgery using the same endoscopic route seen in TOETVA. Additionally, she shared a case report from colleagues abroad who had successfully performed the thyroglossal duct cyst surgery endoscopically.

After discussing the treatment options, I felt confident in choosing the endoscopic approach.

Apart from the lump in my neck, I didn't experience

pain or any other symptoms. Given the global COVID-19 pandemic in 2020, I decided to wait until 2021 to undergo the operation.

The surgery took place on September 17th, 2021. I stayed in the hospital for 1 day and was discharged on the first day after surgery. A neck pressure dressing was applied immediately after the surgery, and the doctors recommended using it for 1 week. I only took dipyrrone and ketorolac and didn't require strong painkillers.

I followed a soft diet for 2 days, and fortunately, there were no complications. I underwent 5 or 6 physiotherapy sessions along the first 2 weeks after the procedure in order to treat and prevent fibrosis. Ten days after surgery, I had resumed my normal activities. During the first 15 days, I felt stiffness and tenderness in my chin and upper neck, but I never experienced numbness in the region. The stiffness and tenderness gradually diminished, and after 2 months, I felt as I did before the surgery. The stiffness and tenderness were gone, and I couldn't even pinpoint precisely where the scars inside my mouth were.

After 2 years, I can confidently say that this procedure worked very well for my case. I acknowledge that not every surgeon can perform it, as specific training in this technique is necessary to ensure safety. Establishing a relationship of trust with the surgeon is crucial. I trusted my surgeon from the beginning and am grateful that she could perform my surgery without leaving a scar on my neck. The transparency of the surgeon about the newness of the technique at the time and her confidence in the procedure were the most significant factors influencing my decision to choose the endoscopic approach. Her step-by-step explanation of the entire procedure showcased her confidence, and I was very satisfied with the attention provided by the doctor and her staff. Sometimes, I even forget that I underwent neck surgery.