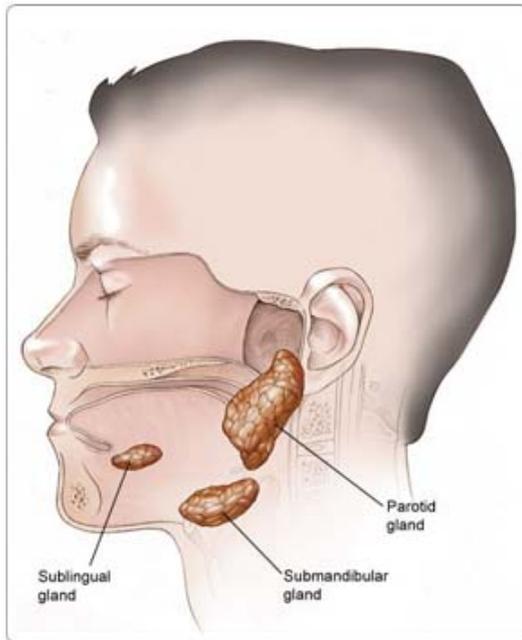


Submandibular Gland Removal

What is the submandibular salivary gland?

The submandibular salivary gland lies immediately below the lower jaw, in the upper neck. Saliva drains from it through a tube that opens on the inside of the mouth under the tongue.



Why does it need to be removed?

The most common reason for removal of the submandibular gland is **infection** that occurs if the salivary tubes become blocked. Blockages usually arise as a result of **stones**. When stones are large, they may not pass through the duct, and their presence can cause repeated swelling, infection and scarring of the gland.

What does the operation involve?

1. The operation requires a general anaesthetic, i.e. you are put to sleep completely.
2. An incision approximately 5-8cm long is made in the upper part of the neck just below the jaw line. Once the gland has been removed the incision is held together with **stitches**. These may need to be removed about 5-10 days after surgery.
3. At the end of the operation a small tube may be placed through the skin in to the underlying wound to drain any blood which may collect. The **drain** is usually removed on the morning after surgery.
4. If your gland is being removed because of infection that is caused by a stone it may also be necessary to make a cut inside the mouth to remove the stone.
5. The total time the patient will be in pre op, surgery and recovery is approximately 4-6 hours total. The length of time taken to remove the gland depends upon the degree of difficulty.

What can I expect after surgery?

Most patients usually require a night in the hospital following surgery. It is unlikely to be very sore but a prescription for painkillers will be given to you. You can expect some swelling (both in the neck, and sometimes in the floor of the mouth) following submandibular gland removal.

All cuts made through the skin leave a scar but the majority of these fade with time and are difficult to see when they are fully healed. Keeping the cut moist from Day 1 post op, using Vaseline, will allow it to heal rapidly. The scar is often raised and red at 2-3 weeks, then softens and fades over the course of a year. For best results we recommend the following regime.

Wound Care

1. Day 1-7; antibiotic ointment OR Vaseline multiple times daily; the cut should be protected from drying out at ALL TIMES
2. Day 7 – 21; Vaseline 3-4x daily along with massage to the scar
3. 3 weeks to 3 months; silicone gel or silicone sheet applied to the scar for minimum 12 hours daily. Initially it can make the scar a little more red, however silicon is proven to soften and fade the scar with regular use up to 3 months after the operation.
4. If there is any abnormal scarring (usually evident from the 4th week, talk to us about the use of injectable medications such as steroids that may improve scar appearance.
5. Scars are VERY sensitive to sunburn. Please ensure the wound is not exposed to the sun in the first month at all; following this it is safe to use sunscreen (minimum 30+) and/or a hat to prevent sunburn for the first year following the operation.

If the scar is exposed to sun, it may turn a dark colour – this process is irreversible.

What are the possible problems?

- Bleeding from the wound is not a common problem. If it does occur it usually occurs within the first 12 hours of surgery.
- Infection is uncommon but if your surgeon thinks it may happen to you a short course of antibiotics will be prescribed.

Will I have any activity restrictions?

- During this time you should avoid any strenuous activity, including exercise or heavy lifting. We do not encourage prolonged bed rest; rather you will feel better if you start walking around your home as soon as possible.
- Showering; don't let water touch the wound for 3 days after surgery; on Day 4 any tapes can come off and you can allow soap and water to run over the cut. It should then be gently patted dry with a clean towel before ointment/Vaseline is immediately reapplied.

Are there diet restrictions after surgery?

- Soft diet such as scrambled eggs, jelly, pasta, and soups may be more comfortable to eat initially.
- If surgery has included a cut in the mouth, avoid foods that are hard, acidic (like citrus fruits), or spicy. After several days you may slowly reintroduce these foods.

What follow-up care will I receive?

Your first return appointment will be one to two weeks after your surgery. This date and time will be given to you at the time of discharge from the hospital. If you are unsure, please phone the rooms where you saw Dr Meller and confirm.

What are the possible complications?

- **Bleeding** from the wound is unlikely to be a problem. If it occurs it usually does so within the first 12 hours of surgery which is why you need to stay in hospital overnight.
- **Infection** is uncommon but if your surgeon thinks it may happen to you a short course of antibiotics will be prescribed.
- Sometimes **saliva leaks** out of the wound (salivary fistula). This problem usually settles down on its own but can take several weeks to get better.

Nerve Damage

There are three nerves that lie close to the submandibular gland that can be damaged during its removal. Most nerve damage occurs as a result of bruising of the nerves since they are held out of the way and protected during surgery. If nerve damage occurs it is usually temporary (but rarely may be permanent). There are three nerves that can be damaged all with varying results:

- Weakness of the lower lip- a lower branch of the facial nerve is the nerve most likely to be bruised in the removal of a submandibular gland. If bruising occurs it affects the movement of your lower lip, leading to a slightly crooked smile.
- Numbness to the tongue- the lingual nerve is rarely bruised. Since it is the nerve that supplies feeling to the side of the tongue bruising results in a tingly or numb feeling in the tongue, similar to the sensation after having an injection at the dentist.
- Restricted tongue movement- the hypoglossal nerve is only very rarely bruised. It is a nerve that makes the tongue move and damage can therefore result in decrease of tongue movement.

Dry Mouth

The removal of one salivary gland is *very unlikely* to have an impact on the amount of saliva that you produce. There are many salivary glands left in and around the mouth that will still keep it moist.

When should I call my doctor?

- If you have increased redness, swelling or bruising.
- If you have persistent bleeding.
- If you have increased pain or tenderness in your upper or lower jaw.
- If you have any side effects to medications; such as, rash, nausea, headache, vomiting, increased irritability, or constipation.
- If you have a fever (oral temperature over 38 degrees)

Who should I call if I have questions?

Depending on where you initially saw Dr Meller, you may call;

1. The rooms at SCENT, Frenchs Forest
49 Frenchs Forest Rd East
02 9451 9883
2. The rooms at 52 Denistone Rd, Denistone
[\(02\) 9874 0347](tel:0298740347)

OR; Prince of Wales Hospital on [\(02\) 9382 2222](tel:0293822222) ; please ask for the ENT registrar on call.

If you are concerned that you are experiencing an emergent problem, such as serious bleeding or difficulty breathing or swallowing, please call 000 or attend your nearest emergency department immediately.