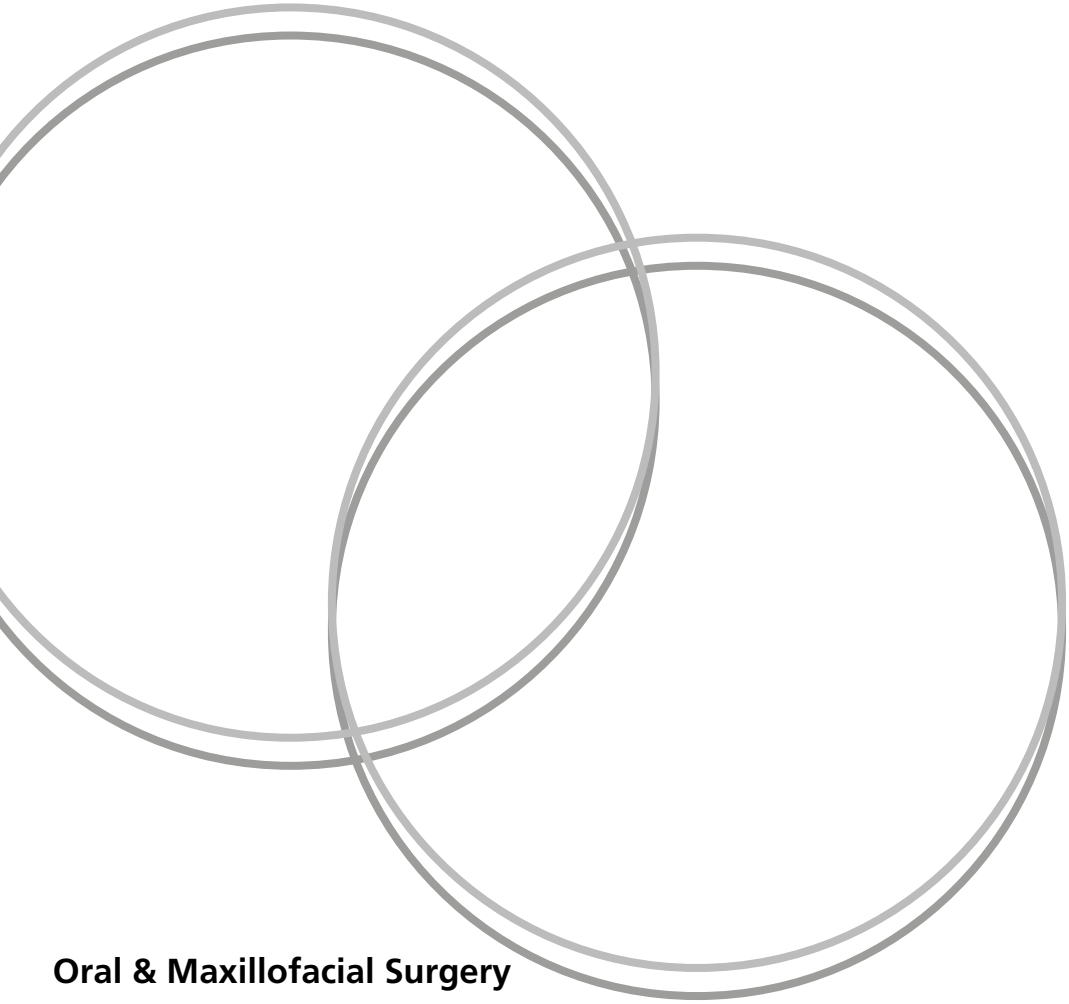
Oxford University Hospitals
NHS Foundation Trust

Sialendoscopy

Information for patients



Oral & Maxillofacial Surgery

This leaflet will help you understand your treatment and should answer many of the questions patients commonly ask before sialendoscopy. A member of staff will be available if you would like further explanation and to answer any other questions that the leaflet does not cover.

What is sialendoscopy?

There are 6 large salivary glands in the body, made up of three pairs of parotid, submandibular and sublingual glands. Saliva drains from the each gland through channels known as ducts. The parotid and submandibular glands each have one main duct opening into the mouth; opposite the upper molars (chewing teeth) for the parotid gland and below the tongue for the submandibular gland.

Sialendoscopy is the use of a small flexible tube containing a tiny camera (endoscope) to look inside the duct of a salivary gland. This device can also be used to insert small instruments to remove salivary stones and debris from the salivary gland, inject medication into the gland, wash the inside of the gland and stretch the gland tubes to make them bigger.

Why do I need sialendoscopy?

The most common reason is to look for a cause of pain and swelling of the gland. An attempt can also be made to treat some causes of blockage due to stones or duct narrowing. This will be discussed with you by the surgeon in more detail.

The best available information suggests that this procedure can successfully remove the cause of duct blockage in 82-87% of patients. Sialendoscopy can be unsuccessful in 8-18% of patients and they may need to have the affected gland removed if their symptoms continue.

What happens before the operation?

Pre-assessment clinic

You will be asked to attend an appointment at this clinic. Nursing and/or medical staff will go through some important checks and make certain all relevant investigations have been completed well in advance of your procedure.

Admission

You will normally be asked to come to Litchfield Day Surgery Unit on the morning of your procedure.

If you are having a general anaesthetic or sedation, the anaesthetist will see you to explain the anaesthetic and answer any questions you may have. They will also be able to advise you about pain relief available after the endoscopy.

The surgeon will explain the details of the procedure and discuss the possible risks, before asking you to sign a consent form (this may be done at the pre-assessment appointment).

It is very important that you do not have anything to eat or drink other than water, suck sweets or chew gum for 6 hours before the operation if you are having a general anaesthetic.

This is because there is an increased risk of breathing problems if you have eaten and are then sick whilst asleep under anaesthetic.

What does sialendoscopy involve?

The sialendoscopy may be carried out under general or local anaesthetic (you may be asleep or awake during the procedure). The procedure will take approximately 30 minutes to 1 hour. It involves widening the gland duct using different size tubes until the endoscope can be inserted.

Once the camera is inserted, the duct can be seen and photographs taken for diagnosis. If there is an obvious stone, this can be removed using a very small wire basket passed through the camera device. This may require a small cut at the entrance of the duct and a dissolvable stitch. Plenty of water can then be pushed into the gland to wash out the duct.

What happens after the procedure?

After the sialendoscopy you will wake up (if you have had a general anaesthetic) and be transferred to the recovery area next to the operating theatre. You will normally be wearing an oxygen mask if you have had a general anaesthetic.

The recovery nurse will monitor your pulse, blood pressure and temperature, and administer any painkillers and anti-sickness medication if necessary.

You will later be taken to the ward, where you can usually eat and drink as soon as you feel like it. Most patients are discharged home the same day.

What happens after discharge from hospital?

If you were given a **mouthwash** to use, you must use this twice a day for a week. This keeps the area around the wound clean.

It is usually advisable to take some **time off** from work to recover. A sick note for a few days may be given at the time of discharge from hospital – you can contact your GP if you feel you need further time off.

You will be sent a **follow-up** appointment through the post. This is normally one month after your treatment. If you do not receive a letter within two weeks, contact Oral And Maxillofacial Surgery, Restorative and Orthodontic Outpatient department.

Tel: (**01865**) **743112**
Monday to Friday 9am-5pm

What are the possible risks and side-effects?

Bleeding from the wound is unlikely to be a problem. If it occurs it will be small amounts into the mouth within the first 12 hours of surgery. There may be some red staining of saliva in the first few days.

Pain – The gland may sometimes be sore, but we will give you regular painkillers while you are in hospital and also a supply to take home. If you have any particular needs or concerns about pain relief, please talk to your surgeon or anaesthetist.

Swelling of the area around the gland is not unusual. The swelling may be worse 2 days after the operation, but should resolve within a few weeks.

Infection is uncommon but if it occurs, it normally develops 2 to 5 days after treatment. You will receive some antibiotics during surgery, but your surgeon may also prescribe a short course of antibiotics to take home.

Scar – All cuts are made inside the mouth and scarring will be minimal.

Dry mouth is not expected. There are many salivary glands in and around the mouth that will still keep it moist.

Numbness of the tongue may occur if a stone is retrieved by opening the duct along its length but this is rare and likely to be temporary.

Ranula formation is a swelling in the floor of the mouth which may require surgery for removal, this is rare.

Duct stenosis is narrowing of the duct which may occur after stones have passed or been removed, or following duct damage. If this occurs it may be possible to dilate the duct at a later date, if this is unsuccessful the gland would need to be removed if there are continued symptoms.

Gland or duct perforation, which is damage to the gland or duct, can occur in 1-10% of patients and will require further surgery. This may result in needing to stay extra nights in hospital.

Return of symptoms – 3-6% patients may experience the same symptoms between 15-24 months after the procedure. The endoscopy can be repeated or the gland may require removal.

Who can I contact if I have any concerns?

There is always a doctor available at the John Radcliffe Hospital to give advice or arrange for you to be seen urgently if necessary. Please call the hospital switchboard on:

(**01865**) **741 166**

Ask to speak to the Maxillofacial Surgery on-call Team, bleep number 1049.

Further information

If you have any further questions, please speak to one of the doctors or nurses in the Oral and Maxillofacial Surgery Department.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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