

Department of Oral and Maxillofacial Surgery

Removal of the Submandibular Salivary Gland

Information for patients



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

What is the submandibular gland?

The submandibular gland lies on either side of the upper part of the neck immediately below the lower jaw. It produces saliva, which drains from it through a tube that opens on the inside of the mouth under the tongue immediately behind the lower front teeth.

Why do I need my gland removed?

The most common reason for removing a submandibular gland is because of infection that occurs if the tubes that drain saliva become blocked - usually as a result of stones.

What happens before the operation?

Pre-assessment Clinic – You will be asked to attend an appointment at this clinic. The nursing and/or medical staff will go through some important checks and make certain all relevant investigations have been completed well in advance of the operation date.

Admission – You will normally be asked to come to 'Theatre Direct Admissions' or 'Litchfield Day Surgery Unit' on the morning of your operation. The anaesthetist will see you to explain the anaesthetic and answer any concerns you may have about this or about pain relief after the operation. The surgeon will explain the details of the operation 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 for 6 hours before the operation.

What does the operation involve?

The submandibular gland is removed under a general anaesthetic (you are asleep during the operation). The procedure will take approximately 1 hour. It involves a cut around two inches long (5cm) in the upper part of the neck just below the jaw line. 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 that stone.

Once the gland has been removed the wound is closed with stitches. At the end of the operation a small tube is usually placed through the skin into the underlying wound to drain any blood, which may collect. This is usually removed on the morning after surgery.

What happens after the operation?

After the operation you will wake up in the recovery area next to the operating theatre. You will normally be wearing an oxygen mask. 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 require only one night in hospital after surgery. The next morning the doctor will check if you are fit to go home. In some cases, a discharge from hospital on the same day is possible.

What happens after discharge from hospital?

It is important to **keep the wound dry** for the first week after surgery. This means you need to take care when washing or shaving.

If you were given an ointment to apply on the wound, you must do this with clean hands twice a day for a week. This keeps the wound clean and makes it easier to remove the stitches.

The **stitches** will need to be removed one week after the operation -you need to contact your GP surgery to organise this.

It is usually advisable to take some **time off** from work to recover from the surgery. A sick note for one week may be given at the time of discharge from hospital - you can contact your GP if you need an extension. During this time you should avoid any strenuous physical activity.

You will be sent a **follow-up** appointment through the post. This is normally 2 to 3 weeks after surgery. If you do not receive a letter within 2 weeks, contact your Consultant's secretary, Monday to Friday 9am-5pm, on the following number:

Miss Dhariwal / Mr Currie (01865) 743105

Mr Saeed (01865) 743102

Mr Bond / Mr Anand (01865) 572563

Mr Watt-Smith (01865) 743103

What are the possible risks and side-effects?

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, in most cases, an overnight stay in hospital is arranged. Some oozing and staining of your clothes or the pillow at night should be expected for a few days after the operation.

Pain. The wound is unlikely to be very sore, but regular painkillers will be available for you both before and after discharge. Any particular needs with regard to pain relief can be discussed with the surgeon and/or the anaesthetist.

Swelling of the upper part of the neck is not usually significant -

it is usually worse 2 days after the operation, but should resolve within a few weeks.

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

Scar – 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. It may take several months for your scar to fade, but eventually it should blend into the natural folds of the neck.

Nerve damage is possible. There are three nerves that lie close to the submandibular gland and can be damaged during its removal. Most nerve damage occurs as a result of bruising of the nerves while they are held out of the way and protected during surgery. If nerve damage occurs it is usually temporary, although it can take several months for nerves to recover. Permanent damage is possible and usually occurs in only the most difficult cases. Depending on the nerve that is damaged you may experience:

- Weakness of the lower lip, leading to a slightly crooked smile. This is uncommon and may occur as a result of damage to the lower branch of the facial nerve.
- Numbness or a tingly feeling of the tongue. This is rare and occurs if the lingual nerve, which supplies sensation to the tongue, is bruised.
- Decreased movement of the tongue. This may happen due to a very rare damage of the hypoglossal nerve.

Dry mouth is not expected. The removal of one submandibular gland will not have an impact on the amount of saliva that you produce. There are many other salivary glands left in and around the mouth that will still keep it moist.

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) 741166

and ask to speak to the Maxillofacial Surgery on-call Senior House Officer, 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.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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