# SUBMANDIBULAR GLAND EXCISION

## BRIEF DESCRIPTION

The submandibular gland makes saliva to wet the food in your mouth. It fits under the side of your jawbone. The saliva runs from the gland along a tube, which opens into your mouth under the base of your tongue. If a swelling or stone grows in the gland, the gland has to be removed. If a stone forms in the tube (duct), the stone can usually be removed without taking out the gland. To remove the gland a cut is made just below the side of the jawbone. The gland is freed and taken out. The cut in the skin is stitched up.

If a stone needs to be removed from the duct, the operation is much simpler. The inside of the mouth is numbed with local anesthesia, a cut is made just under the tongue and the stone is removed. The cut does not need to be stitched up.

## WHY IS THIS OPERATION NECESSARY?

While most salivary gland swellings are innocent, it may continue to grow bigger and cause pain. There is also a small chance it could be cancer. A stone usually cause intermittent swelling, especially when eating, but it can block the duct and cause infection that is difficult to treat without removing the stone.

## ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Treating a simple infection is possible using antibiotics, but a growth in the gland means it has to be removed. Similarly, a small stone may pass through the duct without the need for surgery, but if it gets stuck and blocks the duct, the stone would need to be removed. The rest of this information deals with the excision of the gland.

## IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

## WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

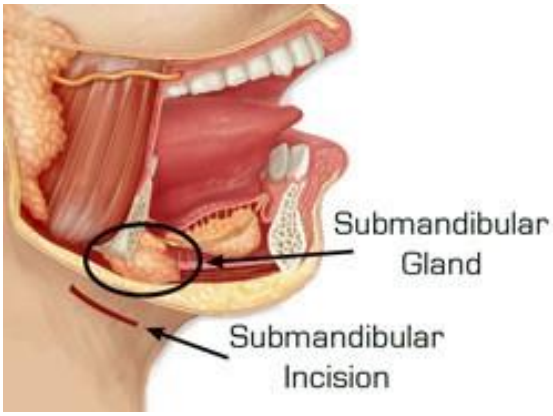
## WHAT ARE THE SPECIFIC RISKS INVOLVED?

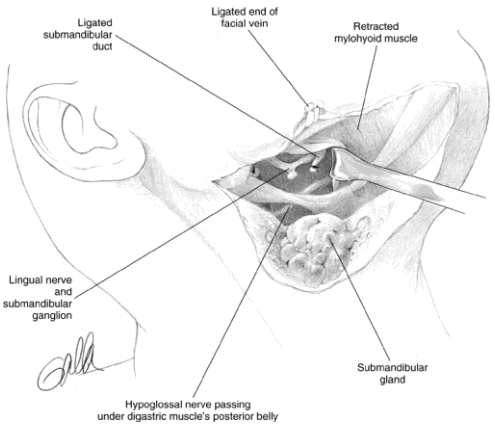
Occasionally there is some weakness to the muscles in the corner of the mouth lasting a month or two because of bruising of a branch of the facial nerve. This nerve should not be permanently damaged but a small risk exists.

Rarely there is some numbness or weakness of the tongue. This also improves in a month or two. Infection is a rare problem and will be appropriately treated. There may occasionally be a little discharge of saliva through the wound for a week or two but this always gets better. Occasionally swellings come back on the operated side or even appear on the opposite side. You should be examined from time to time after the operation to check on this.

## WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anesthetic you will have with your anesthetist and also the possible complications that may occur.




These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

## WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

## WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs.

If you are having a general anesthetic, the anesthetist who will be giving your anesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anesthetic will begin.

## HOW LONG DOES THE OPERATION TAKE?

Usually about an hour

## WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

## WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

## HOW SOON AFTER THE OPERATION CAN I EAT?

You can start drinking or eating immediately after the operation. Patient will probably not tolerate a full meal post operatively due to edema of floor of mouth and nausea

## HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You can walk around as soon as the anesthetic has worn off.

## HOW LONG WILL I STAY IN THE HOSPITAL?

Usually you will go home the day after the operation

## WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

- Use of drain (Suction /passive drain to dead space) the drain may be removed on discharge or two to three days later.
- Patient will be educated of care of drain at home for use of drain.
- Ref: JL Roh – Removal of submandibular gland by a submental approach: A prospective randomized controlled study.
  Oral Oncol 44 (2008) Pg 295 -300

## WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

There may be pain or mild swelling around the wound and tenderness under the tongue.

## HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home.

## HOW SOON CAN I DRIVE A CAR?

You should be able to drive when you are discharged from the hospital

## HOW LONG WILL I BE OFF WORK?

Usually one week

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