

Removal of Submandibular Salivary Gland

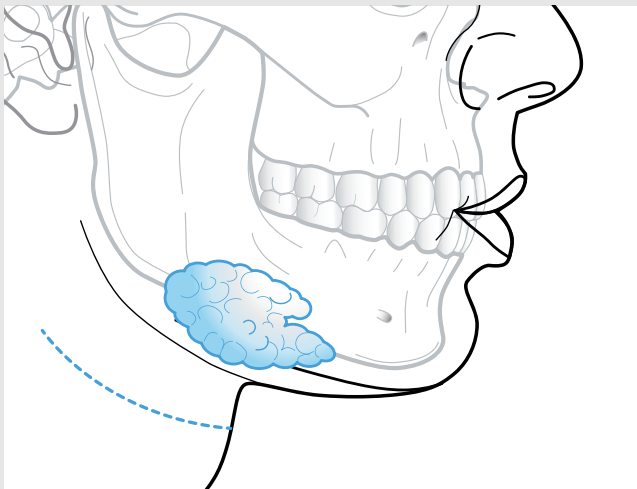
Oral & Maxillofacial Surgical Services

This leaflet has been designed to improve your understanding of common operations performed on the submandibular salivary gland.

The submandibular gland

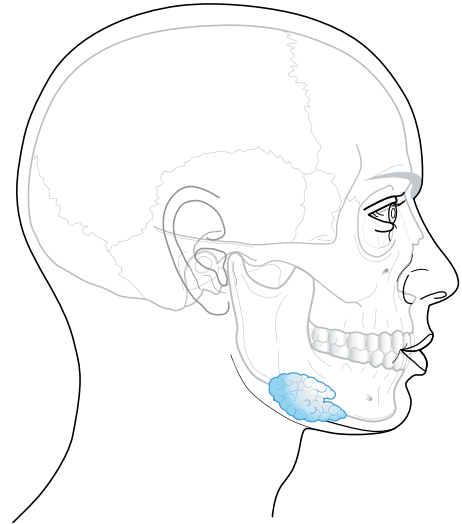
The submandibular salivary gland lies just below the tongue and lower jaw. Saliva drains from it through a tube that opens under the tongue behind the lower front teeth.

The incision site



Reasons for removal

- The most common reason for removal of the gland is infection.
- The tube that drains saliva may be blocked, usually by a stone, or the gland may be producing little saliva because of damage caused by infection.
- Benign and sometimes malignant lumps (tumours) may occur.



Investigations required

You may have one or more of these tests:

- Sialogram
- Ultrasound scan
- MRI or CT scan
- Fine needle aspiration

The operation

What does the operation involve?

- The operation is under general anaesthesia (you are asleep).
- An incision approximately six cm long is made in the upper part of the neck, usually within a skin crease.
- The whole gland is usually removed.
- If there is a stone in the drainage tube a cut in the mouth may be required.
- The operation takes about one hour.
- A drainage tube is placed through the skin.
- A dressing is placed on the wound.

Recovery

What can I expect after the operation?

- A night in hospital.
- Discomfort, swelling and bruising.
- Stiff neck and numb skin.
- Regular painkillers will be given.
- The drain is removed the next day.
- The stitches are removed after one week.
- It takes several months for the neck and incision site to soften, especially if there has been a lot of infection.

Do I need to take time off work?

- Usually one to two weeks.
- A month to recover more fully.

Is there anything that I need to do when I get home?

- Initially avoid strenuous activity.
- Keep the wound dry until the stitches are removed.
- Take care when washing or shaving.

Will I have a scar?

- All incisions leave a scar, but the majority fade with time.
- The incision is placed to make the scar less visible.

Risks and complications

What are the possible problems?

Occasionally there may be:

- Bleeding
- Infection
- Thickened scar
- Sensitive scar

Is damage to the nerves possible?

- Three nerves lie close to the submandibular gland and can be bruised or become swollen after the operation.
- This occurs in approximately 33% of patients (one in three patients).
- Injury to the three nerves causes different effects:
 - Weakness of moving the lower lip.
 - Numbness or tingling of the tongue.
 - Restricted tongue movement.
- Recovery of nerve function is usually complete within a few weeks but may take three to six months. Occasionally recovery may be delayed to 24 months and be incomplete.
- Numbness or altered sensation of the skin of the neck and incision is usually temporary. Recovery is usually complete within three to six months, but, occasionally, may be incomplete.

Is permanent nerve damage possible?

- Permanent damage usually only occurs in the most difficult cases: large or malignant tumours, after multiple infections and with repeat operations.
- The risk of permanent weakness is approximately 2% (two in 100 patients) for most operations.

If a salivary gland is removed will I be left with a dry mouth?

- The removal of one submandibular gland will not significantly affect the amount of saliva that you produce.

Please contact us:

If you have any problems between appointments

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