

Procedure
Information
Guide

Removing a submandibular gland

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What are the submandibular glands?

The submandibular glands are salivary glands. There are two, one on either side of your neck, under your jawbone (see figure 1). Sometimes problems can develop in one of the glands or in the duct (tube carrying saliva from the gland to your mouth).

Your surgeon has recommended removing one or both of your submandibular glands. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

A submandibular gland may need removing for a variety of reasons.

- Repeated infection.
- Obstruction of saliva draining from the gland, commonly caused by a stone or narrowing (stricture) of the duct.
- If there is unexplained enlargement of the gland, it needs to be removed to confirm if there is a cancer and allow treatment to begin.
- Too much saliva being produced as a result of a neuromuscular disorder. Your surgeon will usually need to remove both glands to reduce the amount of saliva being produced.

Your surgeon will discuss why the operation is being recommended for you.

You should no longer have symptoms of swelling, pain and an unpleasant taste in your mouth.

Are there any alternatives to surgery?

A stone can sometimes be removed without having to remove the gland. A stricture can sometimes be dilated (stretched). Medicine can control the amount of saliva you produce, if you are producing too much. However, symptoms can come back, in which case you may need one or both of your glands surgically removed.

What will happen if I decide not to have the operation?

There is a risk of the symptoms coming back. In the case of an enlarged gland, it will be more difficult to find out if the cause is a cancer.

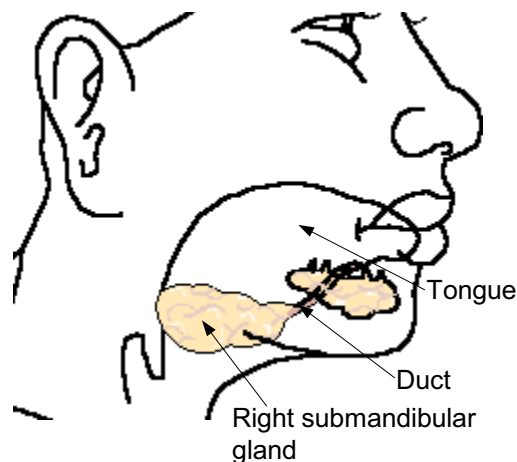


Figure 1

Position of the right submandibular gland

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 45 minutes to an hour. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make a cut on the skin of your neck just under your jaw. They will remove the gland and may insert a drain (tube) in your neck to reduce the risk of severe bruising.

Your surgeon will close the cut with stitches. The stitches may be dissolvable.

What should I do about my medicine?

Let your doctor know about all the medicine you take and follow their advice. This includes all blood-thinning medicine as well as herbal and complementary remedies, dietary supplements, and medicine you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not have a wet shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will give you medicine to control the pain. Simple painkillers and anti-inflammatory painkillers should relieve any discomfort.
- Bleeding during or after the operation. This may cause you to be bruised. You may need another operation to stop the bleeding.
- Unsightly scarring of your skin. This is rare.

3 Specific complications of this operation

- Damage to nerves that connect to your lower lip and tongue, which can result in weakness or numbness. Weakness can happen to the movement of your lower lip and the side of the tongue on the side of the surgery. Numbness can happen to the side of the tongue on the side of the surgery. Any damage is usually temporary but it can take up to 18 months to recover.

- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. If your surgeon placed a drain in your neck, it will usually be removed the next day.

You should be able to go home after one to two days or sometimes the same day.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Do not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

Do not wash your face and neck for two days. If the stitches are not dissolvable, they are usually removed after 7 to 10 days. You should then be able to return to work.

Regular exercise should help you to return to normal activities as soon as possible but do not do any exercise for the first week. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future

Most people make a good recovery.

Summary

A problem with a submandibular gland can cause swelling, pain and an unpleasant taste in your mouth. You should no longer have symptoms and surgery should confirm if there is a cancer. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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