Excision of Submandibular Gland

Patient Postoperative Instructions and Information

What is the submandibular gland?

The submandibular glands are a pair of salivary glands under the jaw bone. Each gland produces saliva which goes through a long duct to its opening under the tongue at the front of the mouth. The production of saliva increases when we eat. The saliva secreted by the submandibular gland is a bit thicker than that produced by other salivary glands. Because of its thickness this saliva can sometimes form little stones.

What problems can you have with the submandibular gland?

The commonest problem is blockage of the salivary duct. This can be caused by the presence of stones or simply a narrowing of the salivary duct. Blockage of the salivary duct can cause a painful swelling of the gland when you eat. Sometimes the swelling may settle on its own. When the blockage is severe, it can lead to persistent inflammation of the gland. Occasionally, a painless lump may develop within the submandibular gland. Those lumps are often benign but need thorough checking, as up to half of them may be or become cancerous. Even benign lumps can get gradually bigger.

What investigation are you likely to have?

An **X-ray** or **CT scan** of the submandibular gland to see if there are stones inside the gland or the duct.

Fine needle aspiration: This can help to find out the nature of the lump. The doctor uses a fine needle to draw some cells out from the lump. The cells are sent to the laboratory for analysis.

Why operate on the submandibular gland?

If stones inside the duct do not come out, the gland may swell up when you eat. These stones can be removed. This procedure is done through the mouth either under a local or general anesthetic. Your consultant will discuss the options with you.

If stones are stuck inside the submandibular gland, the gland can become permanently inflamed and swollen. If it gives you undue discomfort over a longer time, your specialist may advise to have the gland removed.

If a lump has developed in the submandibular gland, your surgeon may recommend removing the gland. As a fairly high number of submandibular lumps can be cancerous the whole gland should be removed. By removing the gland we can find out whether it is benign or cancerous.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

The operation to remove the gland

The operation is performed under general anesthetic, which means that you will be asleep throughout. An incision will be made in the neck below the jaw where the submandibular gland lies. The operation will take about an hour. At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood clot collecting under the skin. Most patients will require 24-48 hours in hospital after the operation before the drain can be removed and they can go home. You will need 2 weeks off work.

Possible complications

Blood clot

A blood clot can collect beneath the skin (this is called a hematoma). This occurs in up to 5% of patients and it is sometimes necessary to return to the operating theatre and remove the clot and replace the drain.

Wound infection

This is uncommon in the neck but can happen if the submandibular gland was badly infected. Wound infection will require antibiotic treatment. Pus collected under the skin may need to be drained.

Facial weakness

There is an important nerve that passes under the chin close to the submandibular gland. It makes the lower lip move. If it is damaged during the surgery it can lead to a weakness of the lower lip. In most cases this nerve works normally after the surgery, however in some cases weakness of the lower lip can occur, particularly when the gland is badly inflamed or if the nerve is stuck to a lump. This weakness is usually temporary and can last for 6-12 weeks. Occasionally there is a permanent weakness of the lower lip following this surgery.

Numbness of the face and ear

The skin around the wound may be numb after the operation. If that happens the numbness will usually improve over the next three months.

Numbness of tongue

The nerve which gives sensation and taste to one half of the tongue runs close to the duct of the gland. It very rarely gets injured. However, if this nerve is damaged your tongue may feel numb immediately after the operation. This will usually go, and permanent numbness of the tongue is rare.

Injury to the nerve that ‘moves' the tongue

Another nerve runs close to the submandibular gland that supplies the muscles of the tongue on that side (and hence helps with movement of the tongue). It would be very unusual for this nerve to be damaged in this surgery. If it were to occur, it is unlikely to produce any noticeable disability.

Will my mouth be dry?

You are very unlikely to notice a dryness of the mouth.

You should be called by your surgeon as soon as the lab doctor looks at your thyroid for cancer.

This can take 5-7 business days or more. **Please call if you have not heard the results and it has been 7 business days since surgery.**

Post Operative Instructions

Incision:

Please remove the wrap dressing from around your neck the day after you get home. Please leave the small steri strips on the incision. You can shower and let water run over the incision 2 days after surgery. Do not rub the area. The steri strips will fall off themselves. You will have absorbable sutures.

Please avoid any activity that pulls across the incision, such as shaving, for at least 2 weeks. The rest of the face may be shaved.

Drain:

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then write down the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml (or 2 tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained. Call the ENT clinic to have the drain taken out.

The fluid from the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

Head of Bed:

Please raise the head of your bed 30-45 degrees or sleep in a recliner for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours.

Activity:

No straining, heavy lifting, or vigorous exercise for 2 weeks after surgery.

Diet:

You may eat your regular diet after surgery.

Pain:

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. Many patients complain more about a sore throat from the breathing tube used during surgery then about pain from the surgery itself. Your pain will get better in 1-2 days and is best treated with throat lozenges.

You may not need strong narcotic pain medication. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength

acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses, just like alcohol.

When to Call Your Surgeon: If you have…

1. Any concerns. We would much rather that you call your surgeon then worry at home, or get into trouble.

2. Any numbness or tingling around your mouth, in your fingers or toes, or anywhere. This may be a sign of low blood calcium levels. If you have muscle cramping and or curling of your fingers or toes, this could be even more seriously low blood calcium levels. THIS CAN BE A LIFE-THREATENING PROBLEM. **You must go have your blood calcium levels drawn immediately.** You should not drive if you are having these symptoms. You need to have someone drive you to the nearest Emergency Room (ER), if possible. If you live too far away, go to a nearby ER. Have the ER staff call your surgeon after drawing your blood calcium and giving you extra calcium if needed. Bring these postoperative instructions with you to show to them. If your blood calcium gets too low, you could have seizures or your heart could stop, so you must take this seriously!

3. Fever over 101.5 degrees F.

4. Foul smelling discharge from your incision.

5. Large amount of bleeding.

6. More than expected swelling of your neck.

7. Increase warmth or redness around the incision.

8. Problems urinating.

9. Pain that continues to increase instead of decrease.

10. Choking or coughing with food or liquid.

Postoperative appointment:

You will have a postop appointment scheduled 7-10 days after surgery. During that visit, your surgeon will check your wound and vocal cords. If you don't have an appointment, please call 410 554 4455.