East Kent Hospitals University NHS Foundation Trust

Removal of the submandibular salivary gland

Information for patients from the British Association of Oral and Maxillofacial Surgeons (BOAMS)

This leaflet aims to answer some of the common questions patients have about this treatment. It is not meant to replace the information discussed between you and your doctor. However, it can act as a starting point for such a discussion or as a useful reminder of the key points.

This leaflet explains the following.

- What the submandibular gland is.
- What happens during and after the operation.
- What the risks and possible long-term effects are.

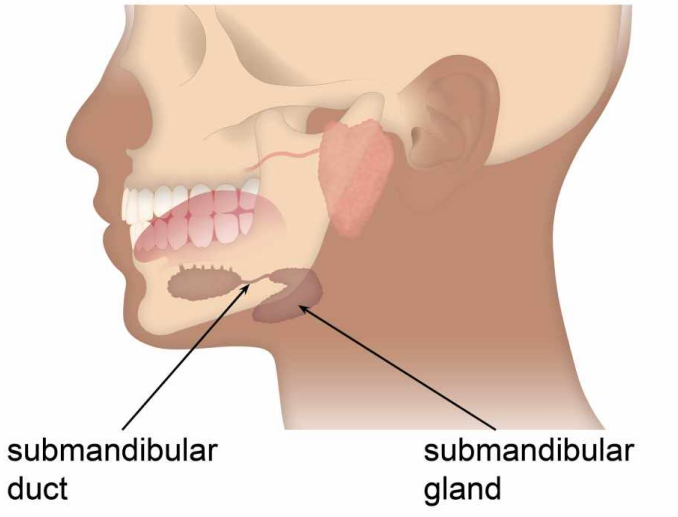
We hope this leaflet answers some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What is the submandibular gland?

The submandibular gland is a salivary gland about the size of a plum. It lies immediately below the lower jaw.

Saliva drains from the gland through a tube. The tube opens on the inside of the mouth under the tongue, immediately behind the lower front teeth. The tube is called the submandibular duct.

The most common reason for removing a submandibular gland is infection. An infection can occur if the tubes that drain saliva become blocked. Blockages usually happen as a result of stones.



The submandibular gland and submandibular duct

What does the operation involve?

- The submandibular gland is removed under a general anaesthetic (you are asleep for the procedure).
- The operation involves a cut (around 5cm long) in the upper part of your neck, below your jaw line.
- Once the gland is removed, stitches are used to hold the cut together. The team will advise if and when the stitches need to be removed. Often stitches on the skin surface are dissolvable, and do not need to be removed by a GP or GP nurse.
- At the end of your operation, a small tube is placed through your skin into the wound. This tube is used to drain any blood which may collect. This tube is usually removed on the morning following your surgery.

Will anything else be done while I am asleep?

If your gland is being removed because of infection caused by a stone, your surgeon may also need to make a cut inside your mouth to remove the stone. You will discuss this with your surgeon before your operation.

How long will the operation take?

How long the operation takes, depends partly on how difficult the operation is. If the procedure is uncomplicated, it will take approximately 45 minutes.

What happens if I choose not to have surgery?

If you choose not to have surgery, this will be discussed with your surgeon. They may continue to monitor your condition or discharge you back to your GP. Surgery is the only way of removing a blockage.

What can I expect after my operation?

- Most patients stay in hospital for 1 night following their surgery.
- You are unlikely to feel very sore, but you will be given regular painkillers after surgery.
- There will be a little swelling following submandibular gland removal.

Do I need any time off work?

We usually advise you to take a week off work, to recover from your surgery. **Do not do any strenuous activity during this time.**

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

You must keep your wound dry for the first week following surgery. Take care when washing or shaving.

Will I have a scar?

All cuts made through the skin leave a scar. Most fade with time, and are difficult to see when fully healed.

It may take several months for your scar to fade. Eventually it should blend into the natural folds and contours of your face.

What are the possible problems?

- **Bleeding from your wound** is unlikely to be a problem. If this happens, it usually does so within the first 12 hours of surgery. This is the reason you need to stay in hospital overnight.
- **Infection** is uncommon. If your surgeon thinks it is a possibility, they will prescribe you a short course of antibiotics.

If you have any concerns or worries, please speak to your surgeon.

The surgeon tells me that damage to nerves is possible. What does this mean?

There are three nerves that lie close to the submandibular gland. Most nerve damage happens as a result of bruising of these nerves, as the nerves are held out of the way and protected during surgery.

During the removal of the gland, these nerves can be damaged, all with varying results.

- **Weakness of the lower lip**. The nerve most likely to be bruised during surgery, is a lower branch of the facial nerve. If this nerve is bruised, it affects the movement of the lower lip. This can lead to a slightly crooked smile.
- **Numbness of the tongue**. The lingual nerve is rarely bruised. This nerve supplies feeling to the side of the tongue. Bruising of this nerve can lead to a tingly or numb feeling in the tongue.
- **Restricted tongue movement**. The hypoglossal nerve is very rarely bruised. It is a nerve that makes the tongue move. Damage can result in a decrease of tongue movement.

Is permanent nerve damage possible?

Most nerve damage is temporary, although it can take several months for the nerves to recover. Permanent damage usually only happens in the most difficult cases. Please speak to your surgeon if you are worried or have questions.

Will my mouth be left dry after the removal of a salivary gland?

The removal of one submandibular gland will not affect the amount of saliva you produce. There are many other salivary glands left in and around your mouth that will keep it moist.

What if I have any questions or concerns?

If you have any questions or concerns, please speak to a member of your healthcare team.

Ask 3 Questions

There may be choices to make about your healthcare. Before making any decisions, make sure you get the answers to these three questions:

- What are my choices?
- What is good and bad about each choice?
- How do I get support to help me make a decision that is right for me?

Your healthcare team needs you to tell them what is important to you. It's all about shared decision making.

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet

https://www.smartsurvey.co.uk/s/MDOBU4/

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**
  Telephone: 01227 868605
  Email (ekhuft.patientvoice@nhs.net)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (https://www.ekhuft.nhs.uk/ais).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (https://pp.ekhuft.nhs.uk/login).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (https://www.ekhuft.nhs.uk/patient-information).

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