NHS
Royal Cornwall Hospitals
NHS Trust

Removal of submandibular salivary gland

affix patient label

What is the submandibular gland?

This is one of a pair of plum size glands found on either side of the upper part of your neck, immediately below your lower jaw. The glands produce saliva, which drains through a tube that opens on the inside of your mouth under your tongue, immediately behind your lower front teeth.

Why does it need to be removed?

The most common reason for removing a submandibular gland is due to infection, which can occur if the tubes that drain the saliva become blocked – often this is due to the presence of salivary stones.

Are there any alternatives?

Sometimes it is possible just to remove the stone or stones which are blocking the tube. It is not always easy to reach the stone, especially if it is far back in the duct or in the gland itself. The gland may be considered to be too diseased to be left. If ignored you may have further episodes of infection, which if severe can be life-threatening – however this is rare.

What does the operation involve?

The gland is removed under general anaesthetic (you are asleep during the operation). The procedure will take approximately 45 minutes - 1 hour depending on the degree of difficulty. It involves a cut around 5cm long in the upper part of your neck, just below the jaw line. It may also be necessary to make a cut inside your mouth to remove the stone.

Once the gland has been removed the wound is closed with stitches. At the end of the operation a small tube is placed through your skin into the wound to drain any blood which may collect. This is usually removed the morning after surgery.

How do I prepare for it?

1. You will receive a date for surgery after your initial consultation – please confirm this appointment.
2. You may be asked to attend a Pre-assessment clinic. The nurse or on occasion doctor will go through some important checks and make certain all relevant investigations have been completed.
3. On the day of admission please follow all instructions given to you including those regarding eating and drinking. Continue to take your medications as usual unless you have been advised otherwise.
4. The anaesthetist and a member of the surgical team will see you on the day of the surgery. Feel free to ask any questions you have about the anaesthetic and operation or what will happen afterwards. The surgeon may examine you again. They will also check that the consent form has been completed and signed.

What happens afterwards?

Following your operation you will wake up in the recovery area. You may be wearing an oxygen mask.
The recovery nurse will monitor your pulse, blood pressure and temperature. If necessary they will administer pain killers. You will later be taken to the ward, where you can usually eat and drink when you feel up to it. Most patients will stay one night in hospital, although in some cases discharge from the hospital on the same day is possible. If a drain has been placed this will be removed before you go home. To remove the drain, the stitch holding the drain in place will be cut and the drain removed. This can be uncomfortable. You can ask for pain killers if you feel you may need it.

RCHT1975 V2
Reviewed 07/2022 Review due 07/2025

What happens when I go home?

It is important to keep the wound dry for the first week following surgery. Therefore care needs to be taken when washing and shaving. You may be given an ointment to use on the wound – follow the instructions given and apply the ointment with clean hands usually twice a day. This helps keep the wound clean and makes it easier to remove the stitches.

The stitches will need to be removed one week after the operation. Usually you are asked to contact your GP surgery to arrange this.

Do I need to take time of work?

It is advisable to take some time of work following this surgery. A sick note can be given to you at the time of discharge if required. This will be for up to one week – please contact your GP if an extension is required. During this time you should avoid any strenuous physical activity.

Will I need any follow up?

You will be sent a follow up appointment through the post. This is normally 2-3 weeks after surgery. If you do not receive a follow up appointment please contact your consultant's secretary, Monday to Friday 9am-5pm, on: 01872 253986.

What are the possible risks and side effects?

As with any operation, there are some possible risks or complications associated with it. Your surgeon will discuss how these risks may affect you.

- **Bleeding** – from the wound is unlikely to be a problem. If it does occur it is usually within the first 12 hours of surgery. Expect some oozing and staining of clothes or your pillow overnight for a few days after the operation.
- **Pain** – the wound is unlikely to be very sore, however regular painkillers are advised. Any particular needs with regards to pain relief will be discussed with you by your surgeon.
- **Swelling** – of the upper part of the neck is not usually significant. It is usually worse 2-3 days after the operation and should resolve within a couple of weeks.
- **Infection** – is uncommon. If it does occur, it usually develops 2-5 days after surgery. You may receive some antibiotics during surgery and in addition your surgeon may prescribe a short course of antibiotics to take at home.
- **Scarring** – all cuts made through skin will leave a scar, although most will fade with time and are difficult to see once fully healed. It may take several months for your scar to fade. Eventually it should blend into the natural folds of your neck.
- **Nerve damage** – is possible. There are three main nerves that lie close to the gland and can be damaged during its removal. Most nerve damage occurs as a result of bruising of the nerves whilst they are held out of the way and protected during surgery. If nerve damage does occur it is usually temporary, although it can take several months to recover. Permanent damage is possible and usually occurs in only the most difficult cases. Depending on which nerve has been damaged you may experience:
  - weakness of the lower lip, leading to a slightly crooked smile. This is uncommon and may occur as a result of damage to the lower branch of the facial nerve.
  - numbness of tingling of the tongue. This is rare and occurs if the lingual nerve, which supplies sensation to the tongue, is bruised.
  - decreased movement of the tongue. This may happen due to a very rare damage of the hypoglossal nerve.
- **Dry mouth** – this is rare. The removal of one submandibular gland will not usually have an impact on the amount of saliva that you produce. There are many other salivary glands in and around the mouth which will still keep it moist.

- **Risk of a general anaesthetic** – The risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK several healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. We will take every possible step to keep you safe during your operation.

Any questions?

There is always a doctor available at the hospital to give advice, or arrange for you to be seen if this is required.

Oral surgery department (9am - 5pm): 01872 253980

Outside of these hours please call:

01872 250000 and ask for the on-call Max Fax SHO

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690