NHS
Royal Devon and Exeter
NHS Foundation Trust

Submandibular Gland Removal

Introduction

This booklet aims to give you an idea of what will happen to you and how long you can expect to stay in hospital.

What is the submandibular gland?

There are two submandibular glands. They are situated one either side of the neck between the chin and angle of the mandible (jaw). They are responsible for the production of saliva, along with the other salivary glands.

Why do I need an operation?

The operation to surgically remove the submandibular gland may be performed because of a calculus (stone) in the gland which may be causing pain/swelling/infection. The swelling may also be caused by a benign (non-cancerous) or malignant (cancerous) tumour. Sometimes the exact nature of the swelling will not be known before the operation and the surgery is performed to remove the gland for examination by the pathologist for diagnosis.

What will happen?

Prior to your admission you will be asked to attend a pre-admission or pre-assessment clinic. You will see a nurse and/or a doctor. The nurse will check your details, any previous medical history and explain what will happen during your hospital stay. Any investigations such as blood tests, heart tracings and X-rays will be performed during this visit. A medical examination will be performed. If you do not have a pre-op assessment, this will take place on the day of admission.

What about the anaesthetic?

A general anaesthetic is medication given by injection into a vein in the back of the hand or arm to put you to sleep for your operation. The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel that they are handing over control of their life to another person. This worry is understandable, but modern anaesthetics are very safe and serious complications are uncommon.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

BEFORE THE OPERATION

What happens before the operation?

It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you are happy to proceed with your operation.

The anaesthetist who will be putting you off to sleep will come and see you, ensure your fitness for the general anaesthetic and explain what he is going to do.

You should have a bath or shower before coming in to hospital. Before going for your operation you will need to remove any make-up, jewellery (except weddings rings which will be taped) contact lenses and false teeth.

You will only wear a theatre gown for your operation. However you may keep your underpants on if they are made of cotton.

You may wear a dressing gown and slippers to the anaesthetic room, the nurse will return these to your bed for you.

If you wear glasses or a hearing aid, you may wear them to the anaesthetic room so that you can see or hear what is happening before you go to sleep.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre, if you are unable to do so, we will take you on a wheelchair or trolley.

NB. It should be noted that, apart from your bedside locker, the Hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept responsibility for anything lost or stolen whilst you are a patient.

THE OPERATION ITSELF

What happens during the operation?

During surgery, an incision (cut) is made approximately 5cm below the angle of the jaw and over the area of the gland. The incision is made long enough to allow the surgeon good access to the gland, as there are important structures and nerves in this area. The gland will then be carefully removed, and the wound will then be closed using clips/stitches. A drain tube will come out of the skin near the incision to prevent blood collecting under the skin.

AFTER THE OPERATION

What happens after the operation?

- Immediately after the operation you will wake up in the recovery room with a nurse looking after you. She will make sure you are comfortable and not in any pain. You may have a dressing over the operated area, but usually there is no need for this.
- You may or may not have a drip in your arm. If so, this will only stay in until you are able to drink adequate oral fluids.
- When you are awake enough, a ward nurse will accompany you back to your bed. Once you are back on the ward, it is advisable to try and sleep or to rest quietly for a few hours. We will only need to disturb you when we check your blood pressure, pulse, drain and wound site and any other observations which may be necessary.
- If you feel sick, the nurse can give you an anti-sickness injection or tablet, which will usually help.
- If you have any pain, please inform the nurse looking after you and she will be able to give you a painkilling tablet or injection. Please do not get out of bed, but use the nurse call bell.
- Later, you may drink and eat a light diet as you feel able, unless otherwise advised.

NB: Following a general anaesthetic it is advised that you refrain from smoking during the post-operative period.

When can I go home?

- You will be seen by the doctors on the ward round the morning after your operation. The wound drain is usually able to be removed that morning and you may be fit for discharge after 2-3 hours. If there is any excess drainage the drain may need to be left in situ until later that day or the following day and you would need to remain in hospital.
- You may be given medication to take home with you. Please follow the instructions on the packet.
- If clips or sutures need removal, this is normally done about 1 week after surgery. You will be asked to make an appointment with the practice nurse at your own surgery for this to be done. The nurse discharging you home will give you a letter which you will need to take with you and give to the practice nurse.
- On discharge from the ward, you will be advised to take things easy and try not to do anything too strenuous for a week or so. You will need to have 1-2 weeks off work. A medical certificate can be given to you for the first week of your sickness by the ward staff. Your GP will need to issue a further certificate if required.
- An outpatient appointment will be given or sent to you for a follow-up clinic after your surgery.
- If you experience any problems with regard to your surgery, you can telephone Otter Ward on **01392 402807** for advice, or contact your own GP.

We expect you to make a speedy recovery after your operation and to experience no serious problems. However, it is important you should know about minor problems which are common after this operation and also about the more serious problems which can occur. The section *"What problems can occur after the operation"* describes these, and we would particularly ask you to read this.

What problems can occur after the operation?

- There will be a scar due to surgery.
- You may experience pain or discomfort but you will be given painkillers for this.
- Bleeding/swelling under or around the wound can occur, but this is uncommon.
- Infection resulting in poor healing is also uncommon.
- Due to the close proximity of facial nerve branches to the operation site, occasionally the nerves can get bruised or stretched. This can result in weakness of the corner of the mouth/lip. This condition is usually temporary but can be permanent.
- Numbness to the inside of the mouth, teeth and tongue can occur, but this is very rare.
- Very rarely the movements of the tongue on the same side of the operation can be reduced after the operation.

Alternatives to Surgery

If a calculus (stone) is present in the salivary duct, then this can be removed through the mouth with a smaller operation rather than removing the whole submandibular gland itself. This would be decided before the operation, otherwise there are no alternatives to surgical treatment.

Benefits

- To diagnose and to advise treatment
- To stop recurrent pain and swelling of the gland
- To remove small benign tumours of the gland

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