

Oral facial surgery

Surgical procedure information leaflet

Name of procedure: **Removal of submandibular salivary gland**

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

What is the submandibular gland?

The submandibular gland is a salivary gland about the size of a plum that lies immediately below the lower jaw. Saliva drains from it through a tube that opens on the inside of the mouth under the tongue immediately behind the lower front teeth. The most common reason for removing a submandibular gland is as a result of infection that occurs if the tubes that drain saliva become blocked. Blockages usually arise as a result of stones

What does the operation involve?

The submandibular gland is removed under a general anaesthetic, you are put to sleep completely. The operation involves a cut around two inches long (5cm) in the upper part of the neck just below the jaw line. Once the gland has been removed the incision is held together again with stitches. These usually need to be removed around a week after surgery. At the end of the operation a small tube is also placed through the skin into the underlying wound to drain any blood which may collect. This is usually removed on the morning following surgery.

If a salivary gland is removed will I be left with a dry mouth?

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

Will anything else be done while I am asleep?

If your gland is being removed because of infection that is caused by a stone it may also be necessary to make a cut inside the mouth to remove that stone.

How long will the operation take?

The length of time partly depends upon the degree of difficulty. In an uncomplicated procedure it will take approximately 45 minutes to remove the submandibular gland.

Benefits of the procedure

The aim of the procedure is to remove the disease in your salivary gland.

Serious or frequent risks

Everything we do in life has risks. Removal of the submandibular salivary gland is generally a safe operation with few risks. The general risks of surgery include problems with:

- the wound (for example, infection);
- breathing (for example, a chest infection);

- the heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- blood clots (for example, in the legs or occasionally in the lung).

Those specifically related to removal of the submandibular salivary gland include problems with the following.

- Infection
 - Infection is uncommon but if your surgeon thinks it may happen to you a short course of antibiotics will be prescribed.
- Bleeding
 - Bleeding from the wound is unlikely to be a problem. If it occurs it usually does so within the first 12 hours of surgery which is why you need to stay in hospital overnight.
- Scarring of the skin
 - All cuts made through the skin leave a scar but the majority of these fade with time and are difficult to see when they are fully healed. It may take several months for your scar to fade but eventually it should blend into the natural folds and contours of your face.
- Numbness of the tongue
 - The lingual nerve is rarely bruised. Since it is the nerve that supplies feeling to the side of the tongue bruising results in a tingly or numb feeling in the tongue, similar to the sensation after having an injection at the dentist.
- Weakness of the lower lip
 - A lower branch of the facial nerve is the nerve most likely to be bruised in the removal of a submandibular gland. If bruising occurs it affects the movement of your lower lip, leading to a slightly crooked smile.
- Restricted tongue movement
 - The hypoglossal nerve is only very rarely bruised. It is a nerve that makes the tongue move and damage can therefore result in decrease of tongue movement.

Is permanent nerve damage possible?

The majority of damage to nerves is temporary although it can take several months for them to recover. Permanent damage is possible and usually occurs in only the most difficult cases.

Are there any long-term effects of having my submandibular gland removed?

The removal of one sublingual gland will not have an impact on the amount of saliva that you produce. There are many other saliva glands left in and around your mouth that will still keep it moist.

Most people will not experience any serious complications from their surgery. The risks increase for the elderly people, those who are overweight and individuals who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

Removal of a stone from the duct if present, by surgery, endoscopy or lithotripsy if practical

Your anaesthetic

We will usually carry out your surgery under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.

Your pre-surgery visit by the anaesthetist

- After you come into hospital, the anaesthetist will come to see you and ask you questions about:
 - your general health and fitness;
 - any serious illnesses you have had;
 - any problems with previous anaesthetics;
 - medicines you are taking;
 - allergies you have;
 - chest pain;
 - shortness of breath;
 - heartburn;
 - problems with moving your neck or opening your mouth; and
 - any loose teeth, caps, crowns or bridges.
- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.
- Also, before your operation a member of the theatre nursing staff may visit you. He or she will be able to answer any questions you may have about what to expect when you go to theatre.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

We will need to know if you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation you will be taken to the recovery room.

Pain relief after surgery

Pain relief is important as it stops suffering and helps you recover more quickly.

We will usually give you tablets, suppositories or injections to make sure you have enough pain relief. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. Side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. Side effects of having a spinal anaesthetic are headache, low blood pressure, itching of the skin due to the drugs injected and temporary difficulty in passing urine. Rare complications of a spinal anaesthetic are temporary loss of sensation in your legs, 'pins and needles' or muscle weakness in your legs. Permanent damage to the nerves is very rare. We will discuss with you the risks of your anaesthetic.

What can I expect after the operation?

You usually require a night in hospital following the surgery. It is unlikely to be very sore but regular painkillers will be arranged for you. There is relatively little swelling following submandibular gland removal.

Do I need any time off work?

It is usually advisable to take a week off from work to recover from the surgery. During this time you should avoid strenuous activity.

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

It is important to keep the wound dry for the first week following surgery. This obviously means you need to take care when washing or shaving.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining please contact the following:

Worcestershire Royal Hospital

- Day Case Ward Nursing Staff (phone 01905 760258)
- Hawthorne Suite Reception (phone 01905 760212)

Kidderminster Treatment Centre

- Day Case Ward Nursing Staff (phone 01562 826350)
- Reception (phone 01562 826397)

Alexandra Hospital

- Reception (phone 01527 503854)

Additional Information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease.
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'.
- www.nhsdirect.nhs.uk
Online Health Encyclopaedia and Best Treatments Website.

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنت سروسز سے 0300 123 1733 پر رابطہ کریں۔

Portuguese

"Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler)."

Polish

"Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733."

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733 與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____

Date: _____

Comments:

Thank you for your help.

Reference: British Association of Oral and Maxillofacial Surgeons