

**Department of Otolaryngology Head & Neck Surgery
South Manchester University Hospitals NHS Trust
Patient Advice Sheet on Submandibular Salivary Gland Removal
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What is the submandibular salivary gland?

You have 6 salivary or "spit" glands making saliva or "spit". The submandibular gland is the second. It is at the side of the neck under the back of the jaw. It has an outer part and an inner part. The outer part is the superficial lobe. The inner part is the deep lobe. Between them is the muscle which forms the floor of the mouth.

Why do I need this operation?

One reason is repeated infections of the gland. Another is for stones in the salivary ducts in the gland. This causes pain and swelling of the gland when you eat. Another is to remove a lump in the gland. We always take the whole gland out. It is easier not to damage the facial blood vessels. These pass through the gland.

Do I have to have this operation?

No, it is your choice. You can choose not to have the operation at any time.

What are the alternatives?

You will still have the infections, painful swelling or the lump. A lump may get larger. Usually you have a needle test in outpatients. This may give us an idea what sort of lump you have. But we can't be sure unless we remove the whole lump. Unless we do we may not be sure if the lump is benign or malignant. Four out of five lumps are benign. Some benign lumps become malignant years later. Some lumps are not the same in all parts. The needle test may show you have a benign slow-growing lump. If so you may choose not to have an operation.

Do I need what is to be removed or not?

No. There are six major salivary glands. There are many minor ones. The operation does not cause a dry mouth.

What symptoms will be better?

The infections, painful swellings or the lump will be gone.

How is the operation done?

A cut is made well below the jaw. This is to avoid the nerve which supplies the muscles at the corner of your mouth. The skin is lifted up. The gland is freed. We have to tie some blood vessels. We tie the duct from the gland. We have to separate it from the lingual nerve. This supplies feeling to the tongue. We send the gland off to be looked at with a microscope. This tells us what type the lump is.

Will there be a scar?

You will have a scar. Natural skin creases usually hide it well. It will fade a bit after 3 months.

What can go wrong?

We may damage the nerve to the corner of the mouth. This causes the corner of your mouth to drop. We can damage the nerve which gives feeling to your tongue. Half your tongue will be numb. We can damage the nerve which moves the tongue. You can't move that side of your tongue. You can cope with the other side. Nerve damage may be permanent. It may be temporary. Most damage is

uncommon. Slight temporary weakness of the corner of the mouth is the most common.

Blood clot can collect under skin. You may need to go back to the operating theatre.

Rarely your wound may be infected. We give you antibiotics.

What will I feel afterwards?

Normal enough

Can anything serious happen?

Serious complications are very uncommon. All operations and anaesthetics have risks. Some are serious. The risks are similar to those of everyday life. Examples are flying on holiday, driving in a car or walking down a street.

How long will I be in hospital and off work?

You will usually be in hospital for a day or so. Take two weeks or so off work.

What medicines will I need to take with me?

You will need to bring all your current medication along.

Will I be asleep?

You will be. This is called general anaesthesia. The doctor who makes you go to sleep is called an anaesthetist. He or she will tell you about your anaesthetic.

Will there be anything in my wound afterwards?

We put a drain under the skin. This stops blood clots forming under the skin. We take it out when it is not needed anymore. Usually this is after a day or two.

Are there any stitches? When do they come out? Who takes them out?

The cut is stitched or stapled. These need to come out. After 5 to 7 days. The nurse at your GP will usually do this. Sometimes we use dissolvable stitches or glue. They do not need to be removed.

When can I go home?

Once the drain is out.

Will it hurt?

Not much usually.

When will you need to see me again?

Two weeks after the operation. We will tell you what your lump was. We may not need to see you after that. We may want to see you every year or so.