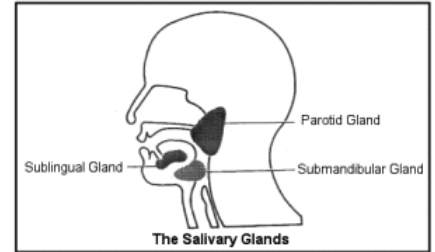




## Submandibular Gland Surgery

### RESECTION OF SUBMANDIBULAR GLAND

This is an operation to remove one or other of the two paired submandibular glands which lie alongside the lower jaw. A horizontal incision is made high in the neck, usually in a natural skin crease, and the entire gland is removed. The operation, which is performed under general anesthesia, may be an outpatient procedure but sometimes requires a short stay in the hospital.



### RISKS AND BENEFITS

The operation is a straightforward one carrying few risks. Besides the usual risks of general anesthesia, these include hemorrhage, infection, and (rarely) damage to the nerve supply to the face or tongue. This is often limited to a temporary weakness in the corner of the mouth, noticeable only during smiling.

### WHY IS IT PERFORMED?

The submandibular gland is one of three major paired salivary glands which deliver their secretions into the mouth. If one of these glands is diseased, due to infection or blockage, it becomes swollen and tense. The flow of saliva may be obstructed due to blockage of the associated duct, resulting in pain on salivation. The most common reason for surgery is the presence of calculus (salivary stone), either in the submandibular gland itself or, more often, in its duct which drains into the floor of the mouth. Sometimes a stone can be removed from the duct by way of the mouth, a simple outpatient procedure. Otherwise, the whole gland must be removed in the operating room. Occasionally resection is recommended for other conditions, including enlargement or inflammation of the gland or a tumor growing within the gland. There is also the rare case of primary cancer at this site.

### THE PROCEDURE PREPARING FOR SURGERY

There is no special preparation for resection of the submandibular gland. You will be warned of a remote chance of damage to the nerves supplying the face or tongue. This could affect lower lip or tongue mobility or result in loss of sensation on the affected side.

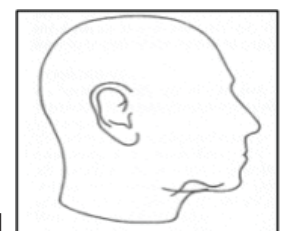
In the weeks prior to the operation, you should get plenty of rest and maintain good nutrition. You should avoid all aspirin and aspirin-containing products (read labels) for two weeks before surgery.

You will be given a thorough physical exam, and blood samples will be taken for analysis. On the day of surgery, having eaten nothing since midnight, you will be asked to take a shower or bath (and men to shave), and you will be instructed to arrive at the hospital an hour or so before the scheduled starting time.

You will need to remove any make-up, jewelry, or dentures. Dressed in a hospital gown, you will be given your pre medication to relax you before surgery. In the operating room, the surgeon works with you lying anesthetized on your back with the head of the table slightly raised.

Once the incision has been made and the blood vessels have been coagulated, the surgeon cuts into the surrounding capsule, frees the gland from its attachments and dissects it clear. The remnant of the duct is checked for stone. A flexible drainage tube is inserted into the cavity and the wound is closed. You will be moved to the recovery room for monitoring as you come out of the anesthetic.

Back in your room, your vital signs (temperature, pulse, blood pressure, respiration) will be checked frequently in the first few postoperative hours. You will feel sleepy and possibly nauseous. Your jaw and neck will be slightly swollen and sore, and you may have minor difficulty in swallowing and chewing for the first



Possible Sites of Incision

few days. You will be given painkillers as necessary and drugs to relieve nausea. The wound drain is usually removed within a day or two of surgery, and the sutures are removed within 5-7 days. You will probably only want liquids at first, but you should be eating normally within a few days.

You can look forward to going home as soon as the drain tube is removed, usually within a day or two. If the surgery is relatively limited and you are in good shape, you may be able to leave the hospital the afternoon of the surgery.

### **GOING HOME**

On leaving the hospital, you will be given an appointment for a postoperative checkup with your surgeon.

You will be advised to take things easy for a few weeks, but in practice recovery from submandibular resection is usually quite rapid, and you should be able to resume all normal activities, including driving a car and going to work, within a week to ten days.

You should plan to rest during this time, taking afternoon naps and avoiding physical exertion. You should keep your stitches dry and an antibiotic ointment (Neosporin® or Bacitracin®, available over the counter at your drugstore) will be the only special care the incision will need.

### **POSSIBLE COMPLICATIONS**

There are rarely any complications following resection of the submandibular gland. Hemorrhage is a possibility, or pooling of blood in the wound cavity (hematoma formation).