

Discharge Advice

Submandibular gland removal

Submandibular gland removal surgery:

The submandibular glands lie under the jaw, one on each side. They produce saliva that drains into the mouth under the tongue. Common reasons for removal include stones causing obstruction to the gland, long standing inflammation of the gland and the presence of a tumour.

The procedure is performed under general anaesthesia. The incision is made below the gland, in a skin crease, and once the gland has been located it is removed. Occasionally a cut is made in the floor of the mouth if the stone causing blockage is located here.

What to expect after surgery:

Often patients require the placement of a drain in the neck and if so an overnight stay in the hospital is required. The drain is usually removed the day after surgery or longer if required. If all is well you can then be discharged home.

If non-dissolvable sutures are used then these may require removal after a week usually at your GP practice. This will be discussed with you post-operatively and indicated on your discharge letter.

It is normal to feel more tired than usual for up to a week after your operation, if you are a parent or a carer you will need some support during this time.

It is important that you eat and drink normally.

Ensure your wound site is kept clean and dry. Avoid the use of makeup and perfumed creams. After one month, gently massage your scar with a non-perfumed moisturising cream two or three times a day.

Potential complications and advice following surgery

Bleeding: the risk of bleeding is low and it is important to avoid any strenuous activity in the immediate post-operative period to reduce this risk. Bleeding could result in a haematoma (a blood clot) forming under the wound. You may need a further procedure to stop the bleeding and remove the clot.

Infection: there is a risk of infection with any surgical procedure, but provided the wound is kept clean the risk is very small

Nerve damage: there is a very small risk of injury to the nerve that gives movement to the edge of the lip, and the nerves that give movement, sensation and taste to the tongue during the operation.

Rarely there can be some leakage of saliva from the wound. This usually settles within a few weeks.

Recovery time:

You may experience some pain on swallowing due to the surgery and the anaesthetic tube. This is normal and should resolve after 72 hours.

Neck stiffness can also happen and you should move your head within your limits to prevent neck stiffness

You should take at least 2 weeks off school/work in order to recover from the surgery. A sick note can be provided prior to your discharge from hospital if required.

You will have a scar. This will look red but will fade slowly over a variable period of time between a few months and a few years. Some people produce a Keloid scar (raised/highly coloured scar). This is due to their skin type; it is unpredictable before surgery and may be treatable at a later date. You will need to protect your scar from direct sunlight for 18 months; it is advisable to use a total sun block

Follow up:

You should be seen in the outpatient clinic at around 2 to 6 weeks post-surgery. At this point the laboratory tests on your gland should be available. Your surgeon will also be able to review your neck and answer any questions you may have. Should you not receive this appointment, please call the outpatient booking office on 01495765055.

EMERGENCY DISCHARGE INFORMATION

09:00 to 17:00 Monday to Friday (excluding bank holidays): Contact the ENT Treatment room on 01633234018

After 17:00/overnight (adults): C0 01633 493926.

After 17:00/overnight (children): C1 01633 493609.

In the event of a breathing emergency, attend your closest Accident & Emergency department. This can happen with bleeding or swelling in your neck, particularly in the first 48 hours after an operation.

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