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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Excision of Submandibular Gland

Ear Nose and Throat Speciality

Your consultant has advised that you have excision of submandibular gland.

What is the submandibular gland?

The submandibular glands are a pair of salivary glands under the jaw bone. Each gland produces saliva which goes through a long duct to its opening under the tongue at the front of the mouth. The production of saliva increases when we eat. The saliva secreted by the submandibular gland is a bit thicker than that produced by other salivary glands. Because of its thickness this saliva can sometimes form little stones.(*)

What problems can you have with the submandibular gland?

The commonest problem is blockage of the salivary duct. This can be caused by the presence of stones or simply a narrowing of the salivary duct. Blockage of the salivary duct can cause a painful swelling of the gland when you eat. Sometimes the swelling may settle on its own. When the blockage is severe, it can lead to persistent inflammation of the gland.

Occasionally, a painless lump may develop within the submandibular gland. Those lumps are often benign but need thorough checking, as up to half of them may be or become cancerous. Even benign lumps can get gradually bigger.(*)

- If stones are stuck inside the submandibular gland, the gland can become permanently inflamed and swollen. If it gives you undue discomfort over a longer time, your specialist may advise to have the gland removed.
- If a lump has developed in the submandibular gland, your surgeon may recommend removing the gland. As a fairly high number of submandibular lumps can be cancerous the whole gland should be removed. By removing the gland we can find out whether it is benign or cancerous. (*)

What is excision of submandibular gland?

This is an operation to remove a submandibular gland (salivary gland). You will need to be in hospital for one to two days.

An incision will be made in the neck below the jaw where the submandibular gland lies. The operation will take about an hour. At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood clot collecting under the skin.(*)

What are the benefits of having excision of submandibular gland?

Excision of submandibular gland will remove swelling of the gland and allow stones, infected or diseased tissue to be removed. If necessary, the tissue will be sent for histology for diagnosis; this will allow the doctor to start suitable treatment if needed.

What are the risks of having excision of submandibular gland?

- **Facial nerve palsy** - there is a risk (10-20%) of damage to a branch of the facial nerve (the nerve that moves the lower lip). This is usually temporary due to stretching and bruising and should resolve, however in approximately 4-5% of patients this is permanent or recovery is incomplete due to the nature and size of the growth.
- **Hypoglossal nerve damage** – there is a small risk (less than 1%) of damage to the hypoglossal nerve (the nerve which moves one side of the tongue). If the nerve is damaged, some tongue movement might be restricted or impaired.
- **Lingual nerve damage** – there is a small risk (less than 1%) of damage to the lingual nerve (the nerve which supplies the sensation to one side of the tongue and mouth). If the nerve is damaged, you will experience numbness of the tongue and mouth.
- **Scar** - you will have a scar, this will fade over the next two or three months. After two weeks you should massage a small amount of moisturising cream into it two or three times a day, to help in the healing process.

Some people produce a raised (**keloid**) scar; this is due to their skin type. This is unpredictable before surgery and if it occurs it can be treated at a later date.

Some **dimpling** of the scar may also occur, which can be treated at a later date. You should protect your scar from direct sunlight and wear a total sun block.

- **Bleeding/bruising** - a drain placed into your wound in theatre will help reduce this but some bruising around the face and neck region is unavoidable. You should rest/sleep sitting up in bed for a few nights to assist with drainage. The drain will be removed the day after the operation whilst an inpatient.
- **Infection** - this is a complication that can occur to all wounds and can increase the time it takes to heal. You will need so see your family doctor (GP) for antibiotics if this happens and possibly wound dressings.
- **Recurrence** - if the problem is due to tumour there may be a recurrence at a later date.
- **Deep Vein Thrombosis (DVT)** - There is a small risk after surgery that DVT can occur due to immobility, it is very important to move your legs while in bed and get up and about as soon as possible. If you are considered to be at risk, special stockings will be prescribed for you along with some medication to thin your blood until you are able to mobilise properly.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you.

You may wish to ask your own GP to arrange a second opinion with another specialist.

Are there any alternatives available?

The doctor may advise you to watch and wait but there will be no complete diagnosis.

What will happen if I decide not to have treatment?

The swelling may increase and cause you discomfort and future complications.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-assessment clinic before you are admitted to hospital. Here you may have blood tests and a heart trace if necessary. You will be assessed to see if you are fit for an anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicines you take at the moment and any allergies you may have.
- You will be able to discuss the risks and benefits of the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital the day of your operation.
- Please bring with you an overnight bag.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery: plain rings will be taped. Please leave body piercing at home and false nails and nail varnish will need to be removed.
- Please do not wear makeup.
- If you are on regular medication you will be advised as to whether you should take it. Please bring any medication you take into hospital with you.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the waiting area, a theatre nurse will check your details with you: you will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing and wound regularly.
- You may have a drip in your hand or arm with some fluids running through.
- If you feel any pain it is important that you tell the nursing staff, they will give you painkillers to help.
- You will have a drain in your neck: this is to take away excess fluid/blood from your wound. To assist with drainage, you will be asked to sit in an upright position. The drain will be removed at the direction of the doctor before you are discharged.
- You may experience some neck stiffness, this will resolve as the swelling in your neck reduces. Try to move your neck gently rather than keeping it still, this will reduce stiffness.
- The nursing staff will advise you when to start taking sips of water. Anaesthetic drugs can sometimes make you feel sick, it is best to wait until this feeling passed before you start to drink. The nursing staff may offer you an injection to take the sick feeling away.

The first time you get out of bed please ask a nurse to accompany you, as you may feel dizzy.

Going Home

Your doctor will discharge you when your drain is removed. If you have a venflon (plastic tube) in your arm/hand, this will be taken out before you go home.

- Do not smoke for at least two weeks after your operation, as this will affect the healing process.
- Different surgeons have differing preferences to wound closure materials.
- You will be advised to go to your practice nurse for removal of your stitches five to seven days after your operation if this is necessary. If this is not possible, a district nurse will be organised to visit you at home.
- Avoid strenuous activity and heavy lifting for a few weeks.

Discharge Information

Pain relief and medication

The nursing staff will organise any necessary medication that has been prescribed for you to take home. It is important that you take these as directed. Any repeat prescriptions can be obtained from your GP.

Getting back to normal

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.

Your wound

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.

You will need to protect your scar from direct sunlight; you should use a total sun block.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will need to see your GP.

Further Appointments

An outpatient appointment will be arranged and sent out to you.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Patient Notes:

Further information

If you have any further questions, or require further information, please contact:

ENT Nurse Practitioners:

Helene Bryant / Sue Bragan /Christine Burton

Tel: 0151 706 2290

Textphone Number: 18001 0151 706 2290

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www.entuk.org**

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