



## PATIENT INFORMATION LEAFLET

### SUBMANDIBULAR GLAND EXCISION

The submandibular salivary gland is located beneath the jaw and is one of the glands which produces saliva. This gland may be the site of a benign or malignant tumour. A chronic infection may require excision too.

#### COMMON SIGNS AND SYMPTOMS

The patient presents with a painless or painful swelling beneath the jaw.

#### DIAGNOSIS

The diagnosis is usually made clinically. An X-ray, a CT scan or an X-ray with contrast injected into the duct is sometimes necessary to help with the diagnosis.

#### TREATMENT

Your doctor would have discussed conservative and operative management with you. The decision has been made to remove the diseased gland.

#### PRE-OPERATIVE PREPARATION

- Your doctor would have discussed with you when you need to be admitted to hospital.
- Do not eat or drink anything for 6 hours before the operation.
- Your doctor must know what medicines you take, especially medicines which affect blood clotting.

#### OPERATION

- You will be asleep for the operation.
- The operation usually takes about 1 hour.
- During the operation care will be taken to try and avoid damage to 3 important nerves in the vicinity of the submandibular gland.

## POST OPERATIVE CARE

- After the operation you will wake up in the recovery room.
- When you are stable you will return to your regular hospital bed.
- There may be a drain at the site of the incision.
- Your doctor will discuss with you when you may be discharged.
- Pain is usually not severe and is easily controlled.

## COMPLICATIONS

- As this is a delicate operation you need to be aware of possible complications.
- An attempt will be made to avoid damaging the nerve supplying the lower lip. Damage to this nerve does occasionally occur. This results in an abnormality of lip appearance and movement. This paralysis is sometimes temporary.
- Important nerves supplying the taste sensation and movement of the tongue lie deep to the gland. It is very rare for these to be damaged, but it is possible.
- A haematoma in the wound is rare.
- An infection in the wound is possible.
- The wound usually heals with a reasonable scar.
- Injury to the deeper structures of the neck is very rare.
- Systemic complications like venous thrombosis and pulmonary embolism are rare but possible after any operation or procedure.