
SUBMANDIBULAR GLAND EXCISION

Definition

Submandibular gland = the second largest of the three major salivary glands. It is located deep to the mandible (jaw bone) Excision = removal of

This procedure involves removal of the submandibular gland, which is located underneath the jaw on either side of the neck. This gland is one of the salivary glands that produce saliva to moisten food as we eat. They also produce enzymes that begin the digestive process.

Purpose of Procedure

There are two reasons why this procedure is done: to remove a gland that is chronically infected because of blockage of the duct by a stone, or to remove a tumor.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision in the neck underneath the jaw. The incision is made in natural skin lines to reduce the appearance of a scar. The incision is extended through a layer of muscle down to the covering of the gland. The gland is separated from the surrounding tissue including the nerve that moves the tongue. The gland is then separated from the duct that transports the saliva into the mouth and removed. If the gland is being removed due to a tumor, it will be sent to pathology at this time to determine if it is malignant. This would require a more extensive procedure to reduce the chances of the cancer spreading. A temporary drain is placed at the surgical site and the incision is closed using both dissolvable and removable suture material. A surgical dressing is applied.

Post Procedure

Following this procedure pain medication will be prescribed to manage discomfort. The dressing will be changed daily until the drainage from the surgical site is minimal. This may take 1 or 2 days. The drain is then removed and a dressing reapplied for another day. After the dressing is removed, water exposure should be avoided on the site of the incision until the sutures are removed. This will take about 1 week.

Postoperative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

If this procedure was done to treat infection, the infections should not reoccur. If it was done to remove a non-cancerous growth, that also should not reoccur. 50% of these tumors are malignant and more extensive surgery may be needed at the time of the initial procedure. Temporary weakness of the lower lip may be noticed due to retraction during surgery. Numbness will be noticed in an area surrounding the incision due to small nerves being cut during the incision. This may improve with time.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- **Anesthesia complications:** There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Damage to the nerve that moves the lower lip
- Damage to the nerve that moves the tongue
- Damage to the nerve that provides sensation to the tongue

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have

previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).