# Submandibular gland removal

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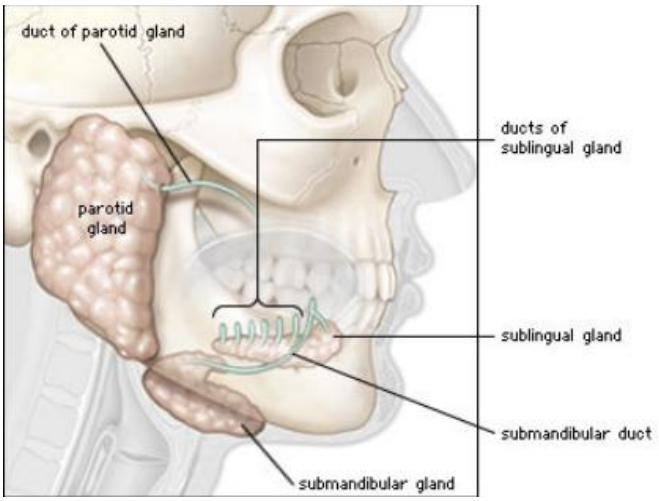
The submandibular gland is a major salivary gland that lies just below the jaw and wraps around the muscles which form the barrier between the mouth and the neck. It sends a small drainage pathway into the mouth and the saliva produced comes out of a tiny opening *(duct)* inside the floor of the mouth. The most common reason for removal of the submandibular gland is for stones stuck in the gland itself or close to the gland in the drainage pathway. If stones have moved further along the pathway then they can sometime be removed through the duct in the mouth without removing the whole gland. The other reason for removing this gland is a lump (*tumor*). The majority of sumbandibular lumps are non cancerous (60%). There is a small risk that non cancerous tumors can become cancerous if left for a long time (<2% if left for 5 years, 10% if left for 15 years). The cause of submandibular tumors is unknown and only certain types are linked to smoking, skin cancers or radiation exposure.




WHAT TESTS ARE HELPFUL?

If the problem is a stone, an ultrasound or CT scan can decide how big it is and how far along the drainage pathway the stone is stuck. This can help decide if it will pass with non-surgical treatment or which surgical approach is best.

If there is a tumour, often no tests are required as surgery is recommended in nearly all cases. There are usually plenty of other saliva glands so most people do not notice a change in the amount of saliva they produce after surgery. A needle biopsy may be performed under ultrasound guidance which to tell what type of tumor the lump is. Even benign lumps should be removed, however, due to the risk of turning cancerous. A CT or MRI scan may be used for larger lumps or if nerves in the area are not functioning.

SURGERY AND RISKS

Surgery to remove the lump is performed under a general anesthetic and usually takes 45 min-1 hour. Most patients stay overnight but many are able to go home the same day if they wish. A drain is placed that can usually be removed when you see Dr Iseli at 1 week after surgery. Risks of surgery include

- **Facial nerve weakness (lower branches only)**: Temporary weakness occurs in one part of the face in up to 25% of patients. The vast majority will recover over approximately 4 months. Approximately 1% of patients will have permanent weakness. This would cause weakness to the action of lowering the lower lip down to show the teeth only.
- Pain is usually minimal and can be controlled with paracetamol (panadol or panadeine). Do not take aspirin or ibuprofen as they increase the risk of bleeding. Stronger pain killers will be provided to you should you need them.
- Numbness. There can be numbness around the wound region or inside the mouth, which slowly improves over 4-6 months. There will always be a small area of altered

feeling after surgery. Males should be careful with a razor and shave in front of the mirror.

- Scar: There will be a scar in under the jaw, which is usually hidden in a skin crease. Initially the scar is red and should be taped after showering for 6 weeks. Rarely, patients have keloids (unsightly scars) that require further surgery and injections.
- Infection (redness, pain, swelling). This can usually be treated with *antibiotics.*
- Saliva collection. This causes painless swelling in the neck and will usually go away without treatment over 2-3 weeks.
- Bleeding is a risk in almost all surgeries. Usually, bleeding would happen while at hospital and may require a second surgery to stop it.
- Recurrence of cancer may happen with the very best of surgery and follow up treatment. Sometimes small cancer cells that cannot even be seen with the naked eye may have already spread at the time of surgery. Other treatment may be necessary if your lump turns out to be cancerous. This treatment may include further surgery, radiotherapy, chemotherapy or a combination of these.
- Weakness of the tongue muscle. The nerve that moves the tongue passes close to the operation site, but it is well protected, so is very rarely injured. This weakness may be temporary or permanent.

PREPARING FOR SURGERY

- Stop smoking (ideally 2 weeks before surgery)
- Do not eat or drink anything after midnight before surgery
- Take your normal medications with a sip of water on the morning of surgery
- Avoid aspirin or ibuprofen (painkillers other than paracetamol) for 10 days before surgery as they may increase your risk of bleeding

AFTER SURGERY

- It will be normal to have a mildly discomfort for 5-7 days after surgery. Take prescribed pain medication as required. You may use paracetamol (Panadol®, panadeine) for discomfort. Do not take aspirin or nonsteroidals such as ibuprofen, naproxen etc.
- If you have been discharged with a drain tube, maintain this as directed.
- You may shower immediately (your sutures are dissolving under the skin)
- You may resume normal diet and activities as tolerated on the day after surgery.
- Avoid lifting >5kg for 2 weeks after surgery and avoid driving until you can turn your head easily to both sides without pain.
- Tape your wound with micropore tape for 6 weeks after the steristrips are removed or come off. Change the tape as infrequently as possible.
- After the first 6 weeks, massage your wound with bio-oil after showering.
- Make an appointment to see Dr Iseli 1 week after surgery.

SEEK MEDICAL CARE IF:

- You have increased bleeding from wounds.
- You see redness, swelling, or have increasing pain in the wound or your neck.
- You have pus coming from your wound.
- You develop an unexplained temperature over 38.5° C
- You develop lightheadedness or feel faint.
- You develop a rash or reaction to antibiotics (if prescribed).

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