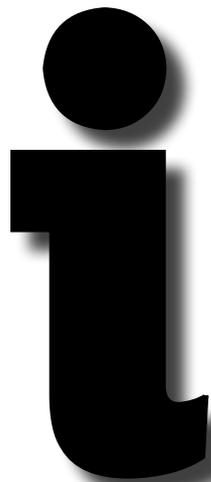


Removal of the submandibular gland *(page 1 of 2)*

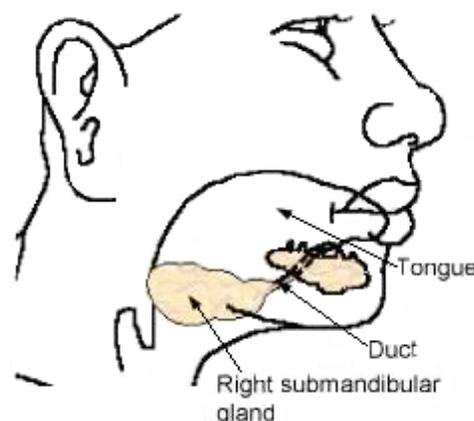


What is the submandibular gland?

The submandibular gland is one of 3 paired major salivary glands (a gland that produces saliva).

There are 2 glands that lie immediately below the lower jaw (one on each side of the jaw) and they are about the size of a walnut.

They produce saliva which drains through tubes that open under the tongue at the front of the mouth.



Why does it need to be removed?

The commonest reason for removing a submandibular gland is because of chronic infection. Infection can occur if the tubes that drain saliva from the duct become blocked (often by small stones or scarring after stone removal). The saliva secreted by these glands can be quite thick and therefore can sometimes form little stones within the glands and the tubes that drain them.

Other reasons for removing a submandibular gland include benign lumps and malignant tumours.

How is the surgery done?

The operation will be done under general anaesthetic, which means you will be asleep throughout.

A cut around 5 cm or 2 inches long is made just below the jaw line in the upper neck. The incision usually heals very well and leaves very little scarring.

The gland is carefully removed from surrounding muscle, nerves and blood vessels.

At the end of the operation your surgeon will place a small drain (plastic tube) through the skin to prevent any blood collecting under the skin. This is normally removed the next day and you can then go home.

The operation usually lasts about an hour but may take longer.

You will be given pain relief tablets in hospital, and a supply to take home.

Ear Nose and Throat Department
01722 336262 ext 2121 or 2209

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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

What are the possible complications?

Most people recover well from their operation and do not have any problems. However, you must always be aware of the potential complications of an operation:

Bleeding

Bleeding from the wound itself is rare and if it does happen is usually soon after the operation whilst you are still in hospital. A blood clot can collect beneath the skin. The insertion of a small drain after the operation makes this less likely to happen, but it may sometimes be necessary for a further operation to remove the clot and replace the drain.

Infection

Infection is uncommon following this surgery, but if it does it can be easily treated with a short course of antibiotics by mouth.

Nerve damage

There are 3 nerves close to the submandibular gland. They are held out of the way and protected during the surgery. Most nerve damage is temporary as it is caused by the nerves being bruised as they are held out of the way.

- **Marginal mandibular branch of the facial nerve:** This is the nerve most likely to be bruised during the operation. Damage to this nerve causes reduced movement of your lower lip on that side, leading to a slightly crooked smile. This can take a few weeks or months to return to normal.
- **Lingual nerve:** This nerve is rarely damaged during this operation. Damage to this nerve causes numbness or tingling on the side of the tongue and mouth, and can cause loss of taste.
- **Hypoglossal nerve:** This nerve is very rarely damaged. Damage to this nerve causes a reduction in the amount of tongue movement.

Nerve damage is generally temporary and can take several months to recover. Permanent nerve damage is possible but rare.

Caring for the wound

Stitches can be removed by the nurse at your local GP surgery 7 - 10 days after your operation. Sometimes dissolvable stitches are used which do not need to be removed.

Keep your wound dry until you have had your stitches removed or have been seen for your follow-up appointment in the outpatient department.

How long will I need off work?

You will need to take 1 - 2 weeks off work.

Please ask your surgeon or one of their team if you need a Statement of Fitness to Work (formerly a sick certificate).

You will normally be seen again in the outpatient department 1 - 2 weeks after your operation.

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