

Resection of the Submandibular Gland

WHAT IS RESECTION OF THE SUBMANDIBULAR GLAND?

This is an operation to remove one or other of the two submandibular glands which lie alongside the lower jaw. A horizontal incision is made high in the neck, usually in a natural skin crease, and the entire gland is removed. The operation, which is performed under general anesthesia, requires a few days stay in the hospital.

RISKS AND BENEFITS

The operation is a straightforward one carrying few risks. Besides the usual risks of general anesthesia, these include hemorrhage, infection, and (rarely) damage to the nerve supply to the face or tongue.

WHY IS IT PERFORMED?

The submandibular gland is one of three major paired salivary glands which deliver their secretions into the mouth. If one of these glands is diseased, due to infection or blockage, it becomes swollen and tense. The flow of saliva may be obstructed due to blockage of the associated duct, resulting in severe pain on salivation. The commonest reason for surgery is the presence of calculus (salivary stones), either in the submandibular gland itself or, more often, in its duct which drains into the floor of the mouth. Sometimes a stone can be removed from the duct by way of the mouth, a simple outpatient procedure; otherwise, the whole gland must be removed in the operating room. Occasionally resection is recommended for other conditions, including enlargement of inflammation of the gland or the rare case of primary cancer at this site.

THE PROCEDURE

PREPARING FOR SURGERY

There is no special preparation for resection of the submandibular gland. You will be warned of a remote chance of damage to the nerves supplying the face or tongue. This could affect lower lip or tongue mobility or result in loss of taste sense on the affected side. You will be given a thorough physical, and blood and urine samples will be taken for analysis. Your blood will be cross-matched in the unlikely event of a transfusion.

ON THE DAY OF SURGERY

Having eaten nothing since midnight, you will be asked to take a shower or bath (and men to shave) and to remove any make-up, jewelry, or dentures. Dressed in a hospital gown you will be given your premedication an hour or so before surgery.

IN THE OPERATING ROOM

The surgeon works with you lying, anesthetized, on your back, with the head of the table slightly raised. Once the incision has been made and the blood vessels have been coagulated, the surgeon cuts into the surrounding capsule, frees the gland from its attachments and dissects it

clear. The remnant of the duct is checked for stone. A flexible drainage tube is inserted into the cavity, and the wound is closed. You will be moved to the recovery room for monitoring as you come out of the anesthetic.

BACK IN YOUR ROOM

Your vital signs (temperature, pulse, blood pressure, respiration) will be checked frequently in the first few postoperative hours. You will feel sleepy and possibly nauseous; your jaw and neck will be swollen and sore, and you will have difficulty in swallowing and chewing for the first few days. You will be given painkillers as necessary and drugs to relieve nausea. You should be able to get out of bed on the first postoperative day. The wound drain is usually removed within a day or two of surgery, and the sutures are removed within 5-7 days. You will probably only want liquids at first, but you should be eating normally within a few days. You can look forward to going home within a week.

GOING HOME

On leaving the hospital, you will be given an appointment for a postoperative checkup with your surgeon. You will be advised to take things easy for a few weeks, but in practice recovery from submandibular resection is usually quite rapid, and you should be able to resume all normal activities, including driving a car and going to work, within 2-3 weeks.

POSSIBLE COMPLICATIONS

There are rarely any complications following resection of the submandibular gland. Hemorrhage is a possibility, or pooling of blood in the wound cavity (hematoma formation).