

Excision Submandibular Gland

A blocked submandibular gland is a benign floor of mouth process (similar to a benign cyst), which results from an obstructed salivary gland. Typically, blocked submandibular glands are removed through a 5 cm (2.5 inch) incision in the submandibular crease (neck). The blocked area as well as the submandibular gland is removed to prevent recurrence.

KNOWN RISKS AND COMPLICATIONS

Procedure

You will have general anesthesia so you will be asleep for the surgery. You will have a drain that the nurses will monitor and empty. This procedure requires that you be observed for approximately one day in the hospital. You will receive IV fluids until you can maintain your hydration needs. As soon as the drainage is minimal, the drain will be removed. You will have Steri-strips (little band aids) on your incision line, which must be kept intact for two weeks.

Risks

As with any surgical procedure certain risks must be discussed before obtaining surgical consent.

Bleeding

Some bleeding is expected with any surgery, however, abnormal postoperative bleeding occurs in about 1% of cases. If it does occur, bleeding usually occurs within the immediate postoperative period. Hematoma, a collection of blood under the skin, is caused by a break in a blood vessel, and is drained in the hospital.

Infection

Infection is rare due to the excellent vascularity of the tissues. A prescription for preventative antibiotics is provided for use in the postoperative period.

Fistula

A fistula is a leak from the oral cavity through the skin of the neck. This is usually a temporary condition and can be treated with rinsing and medications.

Neuroma or Seroma

A neuroma, a bundle of nerve endings, can develop as a result of surgery. This would present as hypersensitivity in the surgical area. These take years to develop and can be removed if they persist. If a seroma (a collection of tissue fluid) develops, it can be drained in the office.

Numbness or Weakness

The lingual nerve is identified and protected. Typically the lingual nerve is not involved in the excision of the submandibular gland, but still is at a risk. If there is numbness of the lingual nerve resulting from damage to the lingual nerve, it will present as numbness to the teeth, tongue and lip if harmed. If the facial nerve is stretched, weakness of the lower lip may present as a temporary or permanent risk. This side effect is most commonly temporary due to surgical swelling or stretching of the nerve.

Anesthesia

Complications from anesthesia are known to exist. These complications (anything from nausea to stroke or death) are quite uncommon since patients are usually young and healthy.

PREOPERATIVE INSTRUCTIONS

Food and Drink	Nothing to eat or drink after midnight the evening prior to your surgery. This includes all food, liquids, water, candy, mints or gum. You may brush your teeth the morning of surgery. Your procedure will be cancelled if you do not follow these instructions.
Medications	Notify us of all routine medications and significant health history. Take medications as directed with just a sip of water. If you are on any medications that affect bleeding, please notify the nurse at this time.
What to Avoid	Please avoid aspirin, ibuprofen, or any products containing these medications for one week prior to your surgery.
Do Not Bring	Do not bring valuables (cash, credit cards, jewelry) to the hospital.
Remove	Removal all make-up and nail polish prior to arriving at the hospital.
Confirm Arrival	Please contact the hospital on the business day prior to your surgery to confirm your arrival time.

POSTOPERATIVE INSTRUCTIONS

Diet	When the procedure is completed and the effects of the anesthesia have worn off, you may be started on clear liquids, advancing to a full diet as tolerated. Take care to avoid extremely hot beverages or food.
Activity	Please avoid any heavy lifting, bending or straining for two weeks following surgery. You may shower as long as you keep the Steri-strips dry. You may brush your teeth with care.
Medications	While in the hospital, postoperatively you may be given Peridex rinses for oral care. Prescriptions, which will be given to you at the time of discharge, may include preventative antibiotics and a pain medication. Patients who have undergone this procedure have stated that any discomfort is well managed by the prescription pain medications provided.
Please Call for	<ul style="list-style-type: none">• Fever over 101°F• Increased neck swelling• Unrelieved pain
Questions?	If you have any questions, please do not hesitate to call on us at (585) 256-3550 and ask for our nurse. We are all here to assist you in any way we can.
Emergencies	If you have an emergency after hours or on the weekend please call our professional answering service at (585) 258-4840.