

Weakness of the lower lip

There is an important nerve close to the submandibular gland that makes the lower lip move. If this nerve is damaged during surgery it can lead to a weakness of the lower lip which can be temporary or permanent. This can happen when the gland is badly inflamed or if the nerve is stuck to a lump. This weakness is normally temporary and can last for 2-3 months. Occasionally there is a permanent weakness of the lower lip following this surgery.

Numbness of the face/ear

It is normal for the skin around the wound to be numb for some weeks or even months after the operation.

Numbness of the tongue

The nerve that gives sensation and taste to one half of the tongue runs near to the duct of the gland. If this nerve is damaged your tongue may feel numb immediately after your procedure. This numbness is usually only temporary and should improve and return to normal. Permanent numbness of the tongue is rare.

Restricted tongue movement

The hypoglossal nerve runs close to the submandibular gland and helps with movement of the tongue. It would be very unusual for this nerve to be damaged in this surgery. If it were to occur it is unlikely to produce any noticeable disability.

Will my mouth be dry after surgery?

You are very unlikely to notice a dryness of the mouth. There are many other salivary glands in the mouth that will keep it moist.

How long will I need to be off work?

It is normal practice to refrain from work for 2 weeks following this type of surgery.

Private Consulting Rooms:

The Platinum Medical Centre
15 - 17 Lodge Road, St John's Wood
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The Shard, London Bridge Hospital
St Thomas Street,
London, SE1 9BS
Appointments: 01264 850 053

The Sloane BMI Hospital
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SURGERY OF THE SUBMANDIBULAR GLAND



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What is the submandibular gland?

The submandibular glands are a pair of salivary glands that lie immediately below the lower jaw. Saliva drains from the glands through a tube that opens on the inside of the mouth under the tongue, near to the front of the mouth. The saliva secreted by the submandibular gland is a bit thicker than that produced by other salivary glands. Because of its thickness this saliva can sometimes form small stones.

What problems can occur with the submandibular gland?

The most common problem is blockage of the salivary duct. This can be caused by the presence of stones. Blockage of the salivary duct can cause a painful swelling of the gland. A severe blockage can lead to persistent inflammation of the gland. Sometimes a lump may develop within the submandibular gland. Lumps are often benign but need to be investigated, as up to 50% of them can be or become cancerous. Even benign lumps can gradually increase in size.

What investigations are recommended?

Imaging is usually recommended to investigate further. An X-ray or CT scan of the submandibular gland is the normal method of imaging and is undertaken to see if there are stones inside the gland or the duct.

Sialogram:

The duct at the front of the mouth is filled with contrast liquid and X-rayed. This shows up any stones or narrowing inside the duct.

Ultrasound:

This painless test uses sound waves to detect any lumps inside the gland. It is undertaken by a Consultant Radiologist.

Fine needle aspiration:

A fine needle aspiration is sometimes used to draw some cells out from the lump. This is undertaken by the Consultant Radiologist at the same time as the Ultrasound. The cells are analysed in a laboratory to confirm pathology.

Why operate on the submandibular gland?

- If stones inside the duct are not removed, the gland may swell up when you eat. The stones can be removed through the mouth either under a local or general anaesthetic. Your consultant will discuss the options with you.
- If stones become trapped within the submandibular gland, the gland can become permanently inflamed and swollen, causing pain and discomfort. It may be necessary in severe cases to have the entire gland surgically removed.
- Undiagnosed lumps often require surgical removal as a fairly high number of submandibular lumps can be cancerous. In these cases the whole gland should be removed to find out whether it is benign or cancerous.

You are permitted to change your mind about the operation at any time, and signing a consent form does not mean that you have to proceed with the operation. You are always welcome to gain a second opinion and your Consultant will be happy to help you to arrange this.

Surgical excision of submandibular gland

The submandibular gland is removed under general anaesthetic, which means you will be asleep throughout. A small incision will be made in the upper part of the neck below the jaw. Once the gland has been removed the incision is held together with stiches and a small tube (called a drain) is placed through the skin into the underlying wound in order to prevent a blood clot collecting under the skin. Most patients will require 24-48 hours in hospital after the operation before the drain can be removed and they can go home.

Possible complications from surgery

Blood clot:

In around 5% of patients a blood clot can collect beneath the skin (a haematoma). Sometimes it is necessary to return to the operating theatre and remove the clot and replace the drain.

Wound infection:

Infection is uncommon in the neck but can happen if the submandibular gland was badly infected. A short course of antibiotics can be prescribed if necessary. Pus collected under the skin may need to be drained.