

Sublingual Gland Excision Post-Operative Instructions

What is the sublingual gland?

The sublingual gland is a salivary gland about the size of an almond that lies underneath the tongue in the floor of your mouth. Saliva drains from it through a number of small tubes that open on the inside of the mouth underneath the tongue. The most common reason for removing a sublingual gland is as a result of a blockage to these drainage tubes. This can lead to a swelling (ranula).

What does the operation involve?

The sublingual gland is removed under a general anaesthetic, so you are put to sleep completely. The operation involves making a cut around 2cm long (1½”) underneath the tongue on the inside of the lower teeth. Once the gland has been removed the incision is held together again with stitches. These are usually dissolvable but may take several weeks to disappear.

What can I expect after surgery?

You may require a night in hospital following the surgery. It is unlikely to be very sore but regular painkillers will be arranged for you. There is relatively little swelling following submandibular gland removal. Most patients go home without an overnight hospitalization.

How do I care for myself after surgery?

At the time of surgery the wound is only gently held together with a few stitches so initially you will see some gaps. Please do not be concerned by this. All cuts leave a scar but inside the mouth the majority of these fade with time and are difficult to see when they are fully healed. It will take a couple of

months for your scar to fade completely.

Will I have any activity restrictions?

- It is usually advisable to take a week off work to recover from the surgery.
- During this time you should avoid strenuous activity.
- It is important to remember that you will not be able to drive or operate machinery for 48 hours after your general anaesthetic.

Are there diet restrictions after surgery?

- Your surgeon may recommend a liquid diet for a period of time after your operation. Progression to a soft and regular diet will be dictated by your healing
- Patients may or may not have a dohoff tube (tube placed through the nose). The dohoff tube is only temporary and used for nutrition and medications while the incision site heals. The dohoff tube is usually in place for 2-4 weeks.

How do I manage pain after surgery?

- If you do not have a dohoff tube tablets of liquid pain killers will be prescribed depending on your preference
- If you have a dohoff tube medications will need to be liquid or crushed to pass through the tube.
- All medications taken prior to surgery can usually be continued.
- Your pain will be managed throughout the post-operative period. You should expect that there may be some discomfort in the process.

What follow-up care will I receive?

A return appointment will be arranged before you leave the hospital to see your surgeon.

What are the possible complications?

There are potential complications with any operation. Fortunately with this type of surgery complications are rare and may not happen to you. However it is important that you are aware of them and have the opportunity to discuss them with your surgeon.

- Bleeding from the wound is unlikely to be a problem. If it occurs it usually does so within the first 12 hours of surgery.
- Infection is uncommon but if your surgeon thinks it may happen to you a short course of antibiotics will be arranged.
- Numbness of the tongue - the lingual nerve which supplies feeling to the side of the tongue can become bruised as a result of surgery. If this occurs you will experience a tingly or numb feeling in the tongue, similar to the sensation after having an injection at the dentist. This numbness may take several months to disappear and in a minority of patients may last forever.
- Damage to the submandibular duct - the submandibular duct is the name of the tube which carries saliva from the submandibular gland into the mouth. The submandibular gland is a salivary gland about the size of a plum that lies immediately below the lower jaw at the top of the neck. The duct runs close to the sublingual gland before opening on the inside of the mouth under the tongue immediately behind the lower front teeth. If this duct is damaged saliva may not drain properly from the submandibular gland and the gland may therefore swell in the upper part of the neck. The majority of these swellings settle down on their own.

Long Term Effects

The removal of one sublingual gland will not have an impact on the amount of saliva that you produce. There are many other saliva glands left in and around your mouth that will still keep it moist.

When should I call my doctor?

- If you have increased redness, swelling or bruising.
- If you have persistent bleeding.
- If you have increased pain or tenderness in your upper or lower jaw.
- If you have any side effects to medications; such as, rash, nausea, headache, vomiting, increased irritability, or constipation.
- If you have an oral temperature over 100.5 degrees. Check to make sure they are getting enough liquids. Dehydration can cause the body temperature to rise.

Who should I call if I have questions?

- (734) 936-5950, Monday - Friday, 8 a.m. - 4:30 p.m.
- After hours and on weekends, call Hospital Paging at (734) 936-6267 and ask for the Oral & Maxillofacial Surgeon on call.

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