

# Submandibular Gland Excision Post-Operative Instructions

---

## What is the submandibular salivary gland?

The submandibular salivary gland is a salivary gland about the size of a plum that lies immediately below the lower jaw. Saliva drains from it through a tube that opens on the inside of the mouth under the tongue immediately behind the lower front teeth. The most common reason for removal of the submandibular gland is as a result of an infection that occurs if the salivary tubes become blocked. Blockages usually arise as a result of stones.

## What does the operation involve?

- The submandibular gland is removed under general anesthetic, i.e. you are put to sleep completely. The operation involves a cut around 2.5 inches long in the upper part of the neck just below the jaw line. Once the gland has been removed the incision is held together with stitches. These usually need to be removed about 5-10 days after surgery. At the end of the operation a small tube may be placed through the skin in to the underlying wound to drain any blood which may collect. The drain is usually removed on the morning after surgery.
- If your gland is being removed because of infection that is caused by a stone it may also be necessary to make a cut inside the mouth to remove the stone.
- If the procedure is an uncomplicated procedure it takes approximately 1.5 hours surgical time to remove the submandibular gland. The total time the patient will be in pre op, surgery and recovery is approximately 6 hours total. The length of time depends upon the degree of difficulty.

## **What can I expect after surgery?**

Most patients usually require a night in the hospital following surgery. It is unlikely to be very sore but a prescription for painkillers will be given to you. You can expect some swelling following submandibular gland removal.

All cuts made through the skin leave a scar but the majority of these fade with time and are difficult to see when they are fully healed. It may take several months for your scar to fade but eventually it should blend into the natural folds and contours of your face.

## **What are the possible problems?**

- Bleeding from the wound is not a common problem. If it does occur it usually occurs 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 prescribed.

## **How do I care for myself after surgery?**

- It is important to keep the wound dry for the first week following surgery.
- Sun screen and massage to the area when approved by your surgeon can help achieve the most optimal outcome.

## **Will I have any activity restrictions?**

- Depending on your occupation, it is usually advisable to take a few days off from work to recover from surgery.
- During this time you should avoid any strenuous activity.

## **Are there diet restrictions after surgery?**

- Soft diet such as scrambled eggs, macaroni and cheese, pasta, and soups may be eaten.

- If surgery has included a cut in the mouth, avoid foods that are hard to chew such as whole apples and raw vegetables.

### **What follow-up care will I receive?**

Your first return appointment will be one to two weeks after your surgery. This date and time will be given to you at the time of discharge from the hospital. Follow-up appointments will be determined by your surgeon.

### **What are the possible complications?**

- Bleeding from the wound is unlikely to be a problem. If it occurs it usually does so within the first 12 hours of surgery which is why you need to stay in hospital overnight.
- Infection is uncommon but if your surgeon thinks it may happen to you a short course of antibiotics will be prescribed.
- Sometimes saliva leaks out of the wound (salivary fistula). This problem usually settles down on its own but can take several weeks to get better.

### **Nerve Damage**

There are three nerves that lie close to the submandibular gland that can be damaged during its removal. Most nerve damage occurs as a result of bruising of the nerves since they are held out of the way and protected during surgery. If nerve damage occurs it is usually temporary. There are three nerves that can be damaged all with varying results:

- Weakness of the lower lip- a lower branch of the facial nerve is the nerve most likely to be bruised in the removal of a submandibular gland. If bruising occurs it affects the movement of your lower lip, leading to a slightly crooked smile.
- Numbness to the tongue- the lingual nerve is rarely bruised. Since it is the nerve that supplies feeling to the side of the tongue bruising results in a tingly or numb feeling in the tongue, similar to the sensation after

having an injection at the dentist.

- Restricted tongue movement- the hypoglossal nerve is only very rarely bruised. It is a nerve that makes the tongue move and damage can therefore result in decrease of tongue movement.

## **Dry Mouth**

The removal of one salivary gland is very unlikely to have an impact on the amount of saliva that you produce. There are many salivary glands left in and around the 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.

## **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.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Erin Larowe  
Reviewers: Brent Ward, DDS, MD

Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised 3/2016