

# Surgery to remove your submandibular salivary gland

## Oral & Maxillofacial Surgery

Information for Patients

Last reviewed: December 2023

Next review: December 2026

Leaflet number:1068 Version:3

### What are submandibular glands?

The submandibular gland is 1 of the 3 major pairs of glands that produce saliva in the mouth. They are walnut-sized, and can be found just below the tongue and lower jaw. Saliva travels from the gland through a drainage point (duct) that opens behind the lower front teeth, under the tongue. The mouth also has many other minor salivary glands, in the lips, cheeks and roof of the mouth.

Saliva is important as it helps:

- to lubricate the mouth.
- to protect the teeth against bacteria in the mouth.
- with swallowing.
- with digesting food and drink.
- with your speech.

### What problems can occur in the submandibular gland?

Sometimes lumps or stones (like kidney stones) can form in the submandibular gland or in the drainage duct. These can cause a blockage in the drainage tubes. Symptoms include:

- swelling in the mouth or under the jaw, mainly when eating.
- discomfort when opening the mouth.
- dry mouth.
- pain in the face or mouth.
- a bad taste in the mouth.

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## Why does my gland need removing?

The most common reason for removing the submandibular gland is repeated and significant infections.

The drainage tube may be blocked, either from a narrowing along its path or from a stone. If the stones are not removed, they tend to block the tube and cause swelling when you eat or think of food. Stones can often be removed when you are awake under a local anesthetic, or when you are asleep under a general anesthetic. If the stones are stuck deep in the gland or tube, your gland may become permanently swollen/ inflamed over time. Your surgeon may then suggest removing the whole gland.

Sometimes, a painless lump can form in the gland. These are often not cancerous (benign), but occasionally can be cancerous (malignant). Benign lumps usually need to be removed too, as they may increase in size or sometimes can become cancerous.

## What tests will I need?

You may need 1 or more of the following tests:

- An ultrasound scan.
- A sialogram. This is an X-ray procedure. A dye is injected into the duct, so any areas of blockage can be seen on an X-ray picture.
- MRI or CT scan.
- Fine needle aspiration (FNA). A very fine, small needle is inserted into the gland and cells removed. The sample is sent to be looked at under a microscope.

## What happens during surgery?

- The operation is done while you are asleep under a general anaesthetic.
- A cut (incision) is made just below the jawline in the upper neck. It is about 5cm long.
- The whole gland is usually removed, but if there is a stone in the mouth then a cut in the mouth may also be needed.
- The operation usually takes 1 hour. A drainage tube is placed through the skin to help drain any blood that may settle in and around the wound. This is taken out the next day before you go home.
- The cut is closed with stitches. These will need to be removed in 10 to 14 days at your GP practice. If a cut is made in the mouth, dissolving stitches are used. These usually last for 7 to 14 days.

## What to expect after surgery

- An overnight stay in hospital.
- It will take 1 to 2 weeks to recover, but could take up to 1 month to fully recover.
- There will be a wound. This should be kept dry until the stitches are removed.
- Minor bleeding after surgery. This collects in the drainage tube left in after surgery. This is usually removed after 24 hours.
- There will be swelling, which is the body's normal response to injury or surgery. This will settle over the next 7 to 10 days.
- Infection is not common with this surgery, but can be treated with a short course of antibiotics if needed.
- A scar, most of which fades over 12 months.
- Sensitive scar.
- Pain and discomfort. Regular painkillers are recommended for the first few days.
- A stiff neck which can last a few days up to a few weeks.
- Numb skin in the area which can last a few weeks to months. This may be permanent in some cases.
- Avoid strenuous exercise during recovery.

## What are the risks of the surgery?

There are 3 nerves that lie close to the submandibular gland. These can be bruised or swollen in about 1 in 3 patients, resulting in nerve injury.

There is a 10 to 20% risk of temporary weakness of movement of the lower lip (facial palsy). This typically recovers in a few weeks to months. But in less than 5% (5 in 100 patients) this weakness can be permanent or only partly recovered.

There is a less than 1% risk (1 in 100 patients) of damage to the nerve that controls tongue movement (hypoglossal nerve). If this happens you may find that some movement of your tongue is limited or affected.

There is a less than 1% risk (1 in 100 patients) of damage to the nerve that controls feeling of the side of the tongue (lingual nerve). If this happens it may take a few weeks or months to recover, but can be permanent. The risk of permanent numbness will be higher if there have been repeated infections and the nerve is scarred down to the gland or around a stone.

## What next?

- You will need 1 to 2 weeks off work, and should be fully recovered in a month.
- You will have a follow-up appointment with us 2 weeks after surgery. This is to see how well you are healing.
- The result of the sample taken to be looked at under a microscope, may be available at your follow-up appointment.
- You will need to book an appointment at your GP practice to have the stitches removed 10 days after surgery. If you have not been able to get them removed before your follow-up appointment with us, then we will take them out for you.

## Contact details

If you have any further concerns, you can contact the Maxillofacial Unit between 9am to 5pm on 0116 258 5671.

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