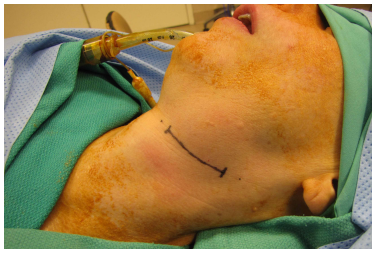
SUBMANDIBULAR GLAND EXCISION FOR PATIENTS

The operation that has been recommended is the procedure for the excision of the submandibular salivary gland. This operation involves permanently removing the salivary gland from the neck. This surgery is used to treat benign or malignant disorders of the salivary gland, or may be done for recurrent infections of the salivary gland (sialoadenitis), which may or may not be due to recurrent or persistent salivary gland stones (sialolithiasis).

HOW DOES A PROBLEM WITH THE SUBMANDIBULAR GLAND PRESENT?

You have 6 major (2 submandibular glands, 2 sublingual glands and 2 parotid glands) and many minor salivary glands, which all contribute to your saliva production. Sometimes people present with a mass or lump in the neck.

Diagnosis is based on
USG Neck / Sometimes CT, MRI
Biopsy -FNAC.



WHAT DOES SURGERY INVOLVE?

1. General anaesthesia is used for surgery.
2. The gland will be removed via an incision in your neck below your jaw line.
3. The gland must be dissected away from surrounding muscles, blood vessels and Marginal mandibular nerve
4. Post operatively a small drain will be placed in the wound.
5. After surgery, the patient will probably have some discomfort and pain medicine is usually prescribed.
6. If external sutures are placed, they are generally removed about 7-14 days after surgery.
7. The patient may shower or have a sponge bath at home one to two days after surgery, after the drain is removed. Recovery takes about 1-2 weeks.
8. A follow-up appointment about 1-2 weeks after the surgery is typically made to check how the area is healing.

SURGICAL RISKS AND COMPLICATIONS:

The surgery itself is associated very few complications however rarely in some instances complication can occur which include

1. Hematoma
2. Marginal nerve weakness-temporary/permanent
3. Wound dehiscence
4. Scar mark/Hypertrophic scar
5. Sialocoele

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