



SUBMANDIBULAR GLAND EXCISION

Submandibular gland excision surgery involves removal of all or part of the submandibular gland in order to remove a lesion with adequate surgical margins or to remove a stone (sialolithiasis) within the gland. A branch of the facial nerve (the marginal mandibular branch) is closely associated with the gland. Dr Tan-Gore utilises several techniques to protect the nerve from injury, but there is still a risk of temporary nerve injury which would result in an asymmetrical smile. Permanent nerve injury is rare (<1%).

The surgery is performed under a general anaesthetic. A long-acting local anaesthetic is infiltrated into the incision to minimise pain in the immediate post-operative phase. The incision is kept in a natural crease in your mid-neck region to minimise the visible scar. The marginal mandibular branch of the facial nerve is protected along with the lingual nerve (tongue sensation) and the submandibular gland is removed.

A drain is placed which comes through the neck into a reservoir.

An overnight stay in hospital is expected. This is occasionally extended if there is substantial drain amount or significant pain.

POST OPERATIVE INSTRUCTIONS

You will have pain and swelling in the post-operative period. This usually peaks at day 3-5 with a gradual improvement in your symptoms after that.

Pain Relief:

You will be given a script for analgesia. Dr Tan-Gore advises that you take the pain relief on a regular schedule for the first 5-7 days, even if you do not feel like you need it. This will ensure that you remain comfortable and minimise breakthrough pain that may require more significant analgesia. Consider setting a timer to remind yourself.

Antibiotics:

You will be given a script for antibiotics. Dr Tan-Gore recommends you take the full course, which will last for 5 days. This is to prevent infection.

Diet/Hydration:

You should be able to eat a normal diet. Some patients may find it more comfortable to have a soft diet for a few days. Ensure that you drink plenty of fluids, even if you do not feel like eating.

Wound Care:

Your wound will be covered by a waterproof dressing (adhesive tape or dermal glue) which allows you to shower and wash your hair. Carefully dry your skin afterwards. Do not immerse your wound in water (e.g. bath or swimming pool) for 1 week.

After the wound has healed, you will be encouraged to massage the wound to help flatten the scar.

Do not expose your wound to the sun. Apply sunscreen with a high SPF when outdoors.

Dr Eileen Tan-Gore

MBBS BDS_c FRACDS(OMS)

Maxillofacial Surgeon

Head & Neck Surgeon

Temporomandibular Joint Surgeon

Skin Cancer Surgeon



H+ Consulting Suites

Suite 2 Level 1

15 Lambton Road

Broadmeadow NSW 2292

Provider No 6332304H

P 02 4072 1876 **F** 02 4006 3882

E info@dreileentangore.com.au **W** www.dreileentangore.com.au

Exercise:

Gentle exercise is recommended during the first week after your surgery.