



Submandibular Gland Removal

The submandibular gland (also called the submaxillary gland) is a salivary gland about the size of a plum that lies immediately below the lower jaw. The most common reason for removing a submandibular gland is a chronic infection that occurs if the ducts that drain saliva become blocked, such as with a stone. Other indications for surgery include benign or malignant tumors.

The submandibular gland is removed under a general anesthetic. An incision around two inches long is made in the upper part of the neck just below the lower jaw. The gland is mobilized away from the surrounding muscles, vessels and nerves.

Risks of surgery include bleeding from the wound, which is quite unlikely but may require a second surgery. Infection is also uncommon, but you may be placed on antibiotics after surgery. Unexpected scarring can also occur. Very rarely, some leakage of saliva fluid may occur in instances where the gland was partially removed. Bruising of the neck can occur around and below the wound. The removal of one submandibular gland will generally not have a noticeable impact on the amount of saliva that you produce. There are many other salivary glands left in and around the mouth that will still keep it moist.

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. Damage to these nerves can have varying results. 1) Weakness of the lower lip—if bruising occurs, it affects the movement of your lower lip, leading to a slightly crooked smile. 2) Numbness of the tongue—if the lingual nerve is bruised, it causes tongue numbness similar to the sensation after having an injection at the dentist. 3) 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 decreased tongue movement. The majority of damage to nerves is temporary, although it can take several months for them to recover. Permanent damage is possible and usually occurs in only the most difficult cases.

Post-Operative Instructions & Information

Most patients are discharged home on the day of surgery. The incision is closed with sutures, and occasionally a surgical drain is placed to help minimize fluid accumulating from under the skin. Nurses will teach you how to take care of the drain while it is in place, which on average is two to five days. While the drain is in place, avoid getting the area wet in the shower. You can take a sponge bath in the meantime, but we don't want to let unsterile water contaminate the surgical area. Sutures are generally removed about seven days after surgery in the office.

It is important to not exercise or do any rigorous activity for 10 days after surgery to minimize the risk of swelling, bleeding and unsightly scarring. In the weeks after surgery, keep the incision moist with Vaseline or Dr. Rogers Restore ointment. Also, minimize sun exposure to the scar for several months to optimize healing.