

Bjorn Bie, M.D.
Eric Stein, M.D.
Arthur Lauretano, M.D.
Vijay Nayak, M.D.
Jessica Hootnick, M.D.
Vishnu Kannabiran, M.D.
Scott Finlay, M.D.
Katherine Nickley, M.D.
Ashley Swanson, PA-C



3 Meetinghouse Road
Chelmsford, MA 01824
280 Main Street
Suite 140
Nashua, NH 03060
Phones: (978) 256-5557
(603) 594-3025
Fax: (978) 256-1835
www.massent.com

Surgery of the Submandibular Gland – Information Sheet

The submandibular gland is a major salivary gland located beneath the mandible (jaw bone). Along with many other glands in the throat, the submandibular gland produces saliva which helps with digestion and swallowing. This gland can develop a stone, or scarring leading to narrowing of the duct which drains saliva. This can lead to repeated painful swelling of the gland, and infection. Discomfort is often worse when eating because the flow of saliva backs up into the gland, causing further inflammation. Sometimes this gland can develop a mass (tumor). Removal of the gland may be necessary if infections continue to recur or if a tumor is present within the gland. Fortunately, the absence of one major salivary gland does not lead to a significant decrease in saliva production or dry mouth.

Surgery is performed through an incision in the upper neck. The gland is removed and the nerves around the gland dissected. At the end of surgery, a careful plastic surgery closure of the incision is performed, and often a drain (small soft, plastic tube) is left in for 24 to 72 hours. Surgery will be done at the hospital, usually with a one night stay. You will have labs done 2 weeks prior to surgery, and nothing to eat the after midnight the night prior to surgery. Do not take any aspirin, motrin or advil for 2 weeks prior to surgery (Tylenol is okay). You will receive a prescription for an antibiotic and pain pill. Instructions for these medications are listed on the bottles. Again, aspirin and Advil types of medication should NOT be taken for 3 weeks after the surgery and also should be avoided 2 weeks prior to the surgery. Tylenol is ok.

The major risk of submandibular gland surgery is injury to the surrounding nerves (facial, or change in taste, hypoglossal), which can lead to weakness of the lower lip or tongue, or tongue numbness. There is also a chance of recurrence, of stones, infection or tumor. In general, the chance of these complications are quite low, though they are higher in patients with cancer of the gland.

After the operation it is normal to note the following: 1. the surgical site will be numb. This will slowly resolve over time. 2. There may be some mild crookedness of smile – this is due to division of muscle fibers (platysma) needed to remove the gland and generally improves with time. 3. There will be a scar. We take great care to perform a plastic surgery closure, and usually the scar improves over 6 months, becoming hard to see in the majority of patients.

Taking care of the wound: You should keep the incision clean and dry for at least one week. You should protect the incision from sun exposure with sunscreen SPF 15 or more for about 4 months. Most patients are seen back in the office in about one week. You should not hesitate to call if there are concerns prior to your follow up appointment.