

Post-operative Instructions following Submandibular Gland Excision

General:

The submandibular glands are saliva producing glands found under each side of the mandible (jaw bone) and deep to the neck skin. Both of the submandibular glands have a small duct that collects saliva from the gland and transmits it to the mouth through tiny openings on the undersurface of the tongue. Submandibular gland excision is performed to remove malignant and benign tumors, cysts or stones of the gland. On rare occasion, submandibular gland excision is undertaken to remove an irreversibly inflamed or diseased gland. This surgery is performed through an incision in the neck about 2 inches under the jaw bone. This is performed under general anesthesia and you may be hospitalized for one night following your procedure. Great care is taken to carefully dissect the gland away from the branch of the facial nerve controlling movement of your lower lip as well as the nerves controlling movement and sensation of the tongue. At the time of surgery, a small drainage tube may be placed in the upper neck to prevent accumulation of blood and fluid under the skin. The drain is usually removed the day after surgery.

Diet:

Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions. Generally, patients experience a mild sore throat for 2-3 days following submandibular gland excision. This usually does not interfere with swallowing.

Pain Control:

Patients report moderate neck pain for several days following submandibular gland excision. This is usually well controlled with prescription strength oral pain medications (Norco®, Percocet®, etc). Please take the pain medication prescribed by your surgeon when needed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chance of having a post-operative bleed into the neck tissues. Please contact our office if your pain is not controlled with your prescription pain medication.

Activity:

Sleep with the head elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. Gentle rotation, flexion and extension of the head and neck is permitted. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2 week mark.

Wound Care:

Do not wash or manipulate the neck wound for 48 hours following the surgery. Please take a moment to look at the wound in the mirror prior to your discharge from the hospital. You will find that the skin has been closed with a transparent dissolving tissue adhesive (skin glue). This tissue adhesive has the advantage of immediately providing a water tight seal for the

wound and improved cosmetic results as there are no suture track marks left behind. Also, there are no sutures to remove at your post-operative visit. Dissolving sutures were used to close the deep layers of the wound (underneath the skin) and they will dissolve over several weeks. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery. If you have questions about the appearance of the wound please ask your nurse or surgeon prior to discharge from the hospital. If a drain has been placed in the neck, this will be removed prior to your discharge from the hospital unless otherwise directed by your surgeon. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Pat the area dry; don't rub it with a towel. After 7 days you may gently lather the wound with soap and water.

Follow-up Appointment:

Your follow-up appointment in the office will be 5-8 days following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit the pathology report is reviewed with you.

Please call our office immediately if you experience:

- *Difficulty breathing or swallowing
- *Facial or neck swelling
- *Bleeding or saliva from the wound
- *Fever greater than 101 degrees Fahrenheit
- *Purulent discharge (pus) coming from the wound
- *Increasing redness around the wound