

Submandibular Gland Excision

Procedure-Specific Information & Consent

This document explains submandibular gland surgery and supports your discussion with your surgeon.

Patient Name: _____

PHN: _____

Date of Birth: _____

1. Recommended Procedure

- Submandibular gland excision (removal of one submandibular salivary gland).
- ± Lymph-node biopsy or neck dissection, if needed.

The planned operation is discussed before surgery. Closely related steps may change based on findings during surgery when needed for safe treatment. Final pathology may show that further treatment or another operation is needed.

2. Why This Procedure Is Recommended (Goal: diagnosis and/or treatment)

- Submandibular gland mass
- Suspicious or inconclusive biopsy results
- Confirmed or suspected salivary gland cancer
- Recurrent or chronic infection (sialadenitis)
- Salivary stones not manageable with conservative or minimally invasive treatment
- Persistent swelling or pain

3. What the Procedure Involves

- Performed under general anesthesia. You are fully asleep while an anesthesia specialist monitors you.
- A horizontal incision is made in the upper neck below the jawline
- The gland is removed while the nearby lower-lip, tongue-movement, and tongue-sensation nerves are protected when possible
- Lymph nodes may be biopsied or removed when cancer is suspected or confirmed.
- A drain may be placed temporarily
- Surgery typically takes 1.5–3 hours (varies)
- Many patients go home the same day or the following day

4. Expected Benefits and Limitations

- Removal of the gland for diagnosis and treatment
- Relief of repeated infection, blockage, swelling, or pain
- Cancer treatment and staging when applicable; cure is not guaranteed
- Final diagnosis depends on pathology results
- If cancer is confirmed, radiation therapy, another operation, or other treatment may be needed
- Removing one gland usually does not cause troublesome long-term dry mouth, but risk may be higher if other salivary glands do not work well or receive radiation.

5. Risks and Side Effects

Common or Expected

- Swelling, bruising, neck discomfort, and a visible upper-neck scar
- Temporary numbness near the incision
- A drain may stay in place for 1–3 days.

Less Common but Important

- Bleeding under the skin (hematoma), which may require an urgent return to the operating room
 - Infection, which may cause redness, drainage, or fever and require antibiotics.
-

Nerve-Related Risks

Marginal mandibular nerve (a facial-nerve branch that moves the lower lip)

- Temporary lower-lip weakness may occur. Permanent weakness is uncommon but possible and may affect smile symmetry.

Hypoglossal nerve (moves the tongue)

- Rare tongue weakness may affect speech or swallowing and can be permanent.

Lingual nerve (provides feeling and contributes to taste on the tongue)

- Numbness, changed feeling, or taste change on one side of the tongue may occur
 - Changes are often temporary but may rarely be prolonged or permanent.
-

Salivary-Related Risks

- Temporary swelling of other salivary glands
 - Rare fluid or saliva collection under the skin (seroma or sialoceles), which may require drainage or other treatment.
-

Cosmetic Changes

- Neck scar, mild contour change under the jaw
 - Scar thickening (uncommon)
-

Cancer-Specific Risks (if applicable)

- Radiation therapy or another operation may be needed based on final pathology
 - Cancer may return, and involved lymph nodes may change the treatment plan.
-

6. Alternatives

- Observation with follow-up imaging or repeat needle biopsy when appropriate
 - No surgery, with the risks of delay or worsening discussed for your condition
 - Antibiotics or other conservative care for infection
 - Sialendoscopy or stone-removal procedures when appropriate
 - Radiation therapy or other cancer treatment in selected cases.
-

7. Recovery Expectations

- Most patients recover over 1–2 weeks, swelling improves gradually
- Avoid heavy lifting for approximately 2 weeks
- Follow-up required to review pathology results

Seek urgent medical care for:

- Call 911 for trouble breathing or rapidly increasing neck swelling
 - Seek same-day medical care for increasing pain or swelling, fever, redness, pus or clear fluid from the wound, new tongue weakness, or significant lower-lip weakness.
-

8. Acknowledgement

I understand the planned submandibular gland operation, possible related procedures, expected benefits, limits, risks, alternatives, and recovery. My questions have been answered. This document supports, but does not replace, the hospital consent process.

Patient Name: _____

Signature: _____

Date: _____