Discharge advice following surgery to the salivary glands:

Parotidectomy, removal of submandibular gland, and removal of sublingual gland

Definitions

There are three pairs of salivary glands, called the parotid, submandibular and sublingual glands. These produce saliva, which passes through tubes (ducts) into the mouth.

A parotidectomy is an operation to remove the parotid gland. Each lies just below but in front of each ear and its salivary duct enters the top part of the mouth.

The submandibular gland lies in the floor of the mouth and its duct passes forward to open under the tongue. Removal of the submandibular gland can also be termed submandibular gland resection. The sublingual gland also lies in the floor of the mouth but further forward and has several sublingual ducts that supply saliva to the mouth. Removal of the sublingual gland can also be termed sublingual gland resection.

The facial nerve (seventh cranial nerve) runs through the parotid gland and supplies the muscles of the facial expression. It also branches out to the front of the tongue and down to both the submandibular and sublingual salivary glands. Rarely, the facial nerve can be damaged during surgery. If this were to happen in the case of parotidectomy, the facial muscles on the affected side can droop and the eyelid does not fully close on that side. In the cases of submandibular or sublingual gland removal, the lower lip and tongue can feel weak or numb. These specific complications are rare and are often temporary due to surgical swelling.

Sometimes during a parotidectomy, the nerve that supplies feeling to the earlobe (greater auricular nerve) is removed and as a result you may feel tingling or numbness in that area.

What does the operation consist of?

- The operation is carried out under general anaesthetic and may take between one to three hours. You will have an incision line (wound) closed with wound clips or stitches, which need to remain in place for seven to ten days.
- You will most often have one wound drain and this will be stitched in place. This is a sealed device that drains away any blood or fluid from the wound site. This helps to reduce any swelling and encourages healing. The drain stays in place for one to two days, staff monitor the amount of drainage from it and the surgeon decides when it is the right time to remove it.
- You will wake up in the recovery area of the theatre department and be closely monitored by the nursing staff. You will be given medication to relieve any pain or sickness. You may also be given a drip (intravenous fluids) to hydrate you. The drip will be taken down once you are able to drink enough fluids.

What happens back on the ward?

- You will need to rest in bed as you may well feel sleepy from the anaesthetic. We strongly advise you not to leave the ward area as you may feel unwell.
- You will be propped up in bed as this encourages wound drainage and reduces any neck swelling. It is advised not to lie on the affected side.
- Your condition will continue to be monitored with medication to keep you comfortable.
- Fluids and a light diet can be taken as soon as you are feeling able. Eating soft food is advised for the
first few days as chewing may be uncomfortable.

- If needed, the nurses will also regularly check facial nerve function by asking you to perform certain actions, such as smiling and squeezing your eyes shut. Salivary gland surgery can affect this nerve and how well it works. If any facial weakness or numbness/tingling is noted, the surgeon will discuss treatment and recovery with you.

**Discharge advice**

- Your surgeon will advise you on a specific period of recovery. Generally, two to three weeks rest at home is recommended. Avoid driving, strenuous activity and operating heavy machinery during this time. If you need a sick certificate, please ask the medical staff before you leave the ward.
- Please attend any outpatient follow-up appointments arranged for you.
- Any wound clips or stitches will be removed after ten to 14 days. This may be done at the outpatient appointment or by your GP practice or community nurse. This will be arranged and explained to you before you leave.
- Take care when bathing, showering, hair-washing or shaving, particularly until any clips or stitches have been removed. Do not shave the affected area. Gently pat the area dry and do not apply any perfumes, colognes or scented creams to the area until fully healed.
- Rarely, the wound can become infected. Be hygienic and regularly wash your hands with soap and water. Also, keep the area clean by using clean towels, clothes and bed linen.
- Avoid lying on the affected side. You will be given pain relief medication and the nurses will advise you when and how to take them. Any soreness or discomfort tends to subside after one to two weeks.
- Smoking greatly affects the body’s ability to heal so avoid or at least cut down on the amount you smoke. Staff can provide advice, aids (e.g., nicotine patches) and support group contacts to help you quit.
- If you have experienced some facial nerve weakness, staff will discuss future treatment and management with you. You may need to tape the eyelid down while you sleep in order to keep the eye closed and prevent irritation to the surface of the eye. Artificial tears in the form of eye drops or creams can help lubricate the affected eye.
- Contact F5 ward if you have any concerns following discharge home or if you experience any of the following:
  - bleeding or discharge from the surgical site
  - increase in pain, swelling or redness in the area
  - a raised temperature
  - weakness felt in the facial muscles, such as drooping or difficulty closing your eye.

**Contact information**

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          023 8120 4644

NHS 111: 111