

Post-operative Instructions and Information for

Submandibular Gland Excision

The Submandibular Gland: The submandibular gland is a gland that produces saliva. You have two glands, one on each side of your upper neck. The gland rests below the lower jaw (mandible), in front of the bend in your mandible (lower jaw). The gland may need to be removed for several reasons.

1. The submandibular gland may develop tumors, the majority of which are benign.
2. The submandibular gland may become repetitively blocked with stones and subsequently infected. MANY of these stones cannot be seen on X ray films.
3. Three to five lymph nodes reside next to the submandibular gland. These lymph nodes drain the skin of the cheek, lips, and mouth. Some skin and mouth cancers in these areas may spread to the lymph nodes adjacent to the submandibular gland.

The Facial Nerve: The facial nerve starts in the brain, exits the skull just under the ear canal, splits into 5 thin branches, and runs through the parotid gland. This nerve controls the muscles of facial expression: forehead wrinkling, eyebrow raising, eyelid squinting and blinking, lip puckering, and smiling. One branch runs under the lower jaw to the lower lip and corner of the mouth. It may be stretched or cut during the procedure. The lower lip on the side of the surgery may be elevated for a few months after surgery. Occasionally this lip asymmetry is permanent. This may lead to some drooling out of the corner of the mouth.

Post-operative Care:

1. Incision: Please keep the incision dry for 2-3 days, and then gently wash the incision with soap and water 2-3 times a day as needed. You may use Q-tips dipped in peroxide to remove any dried blood over the incision. After washing, please apply a thin film of an antibacterial ointment (e.g. Polysporin). Please avoid any activity that pulls across the incision such as shaving across the incision for at least 2 weeks. (The rest of the face may be shaved.) Any staples and stitches will be removed 1-2 weeks after surgery.
2. Drain: Some patients are discharged with a thin drain tube and oval collecting reservoir called a grenade. Please empty the grenade and record the amount of fluid whenever the grenade looks half full or at least 2 times a day. Discard the fluid down a sink or toilet; do not save it.
3. Head of Bed: Please elevate the head of your bed 30-45 degrees or sleep in a recliner at 30-45 degrees for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours.
4. Activity: Please avoid any activity that raises your blood pressure for one week, e.g. heavy lifting, strenuous exercise, etc. Please walk every 2 hours while awake to avoid leg clots.
5. Diet: You may eat your regular diet after surgery. If the oral “pucker” muscles are weak, you may drool slightly when drinking.

6. Pain: Pain can be mild to moderate the first 24 – 48 hours, but usually declines thereafter. The sooner you can reduce your narcotic medication use, the more rapid is your recovery. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic medication.

Pain Management: A realistic goal is to reduce the patient's pain to a manageable level, not to eliminate the pain. One cannot predict a patient's pain level or the necessary dose of pain medicine. One must approach each patient in a stepwise fashion for pain management. Specifically, when acetaminophen and/or ibuprofen do not lower the pain enough, then start with a lower dose of narcotic, and increase the dose if pain remains uncontrolled, or decrease the dose if the medication's side effects are too severe. Close monitoring of each patient for side effects of each medication is essential.

1. Try to use plain acetaminophen or plain ibuprofen before using the narcotics.
2. Always strive to either avoid the narcotics or give the lowest dose possible to control the patient's pain.
3. Give the narcotic AS NEEDED but not more often than it states on the bottle
4. Do not give the narcotics "automatically around the clock" if the patient has minimal pain.
5. Never wake up a sleeping patient to give them narcotics.
6. Avoid combining narcotics with another sedating drug: e.g. alcohol, sleeping pills, MUSCLE RELAXANTS or anti-anxiety pills (e.g. Valium and Xanax), antihistamines (e.g. Benadryl) unless instructed by your doctor.
7. Start with the lower dose that is prescribed, and take additional medication only if the pain is still not adequately controlled 45 minutes after taking the first dose. For example, if the prescription reads "10 – 20 mL every 4 – 6 hours as needed for pain", then start with 10 mL of pain medicine on the first dose. If the pain is not adequately controlled in 45 minutes, then add 10 mL more for a total dose of 20 mL.
8. Every day try to decrease the total amount of narcotic medication given, by:
 - a. increasing the time between doses, or
 - b. decreasing the amount used each time, or
 - c. substituting plain acetaminophen or ibuprofen for the narcotic
9. Observe for unusual sleepiness, confusion, difficult or noisy breathing. If these occur, then stop all narcotics, call WENT MD on call at 503-581-1567 or go to Salem Emergency Room if the office is closed.
10. Always measure the amount of liquid narcotic with a syringe or a marked medicine cup. Spoon sizes are not reliable.
11. Record the medication given with the date and time on the same piece of paper. This helps reduce medication errors.

Bleeding and Bruising: Oozing from the skin may occur that causes a slow drip of blood. Simply apply 15-20 lbs. of gentle pressure to the wound with a clean paper towel or wash cloth for 15-20 min. If the swelling is raised over 1 inch higher than the surrounding area, then call (503) 581-1567 for instructions. You may change any dressing as needed.

Fever: A low-grade temperature (100 degrees) and even an occasional elevated temperature above 101.5 degrees or higher are not uncommon. Should you have a temperature of 101 degrees or higher, take a deep breath and cough (once or twice) every 15-30 minutes and increase your fluid intake. Deep breathing and coughing opens the lungs and reverses a common cause of elevated temperature. If your elevated temperature persists 1-2 hours, call our office for further instructions. Please measure your temperature. Patients will often think they have an increased temperature because they feel warm.

Nausea and Vomiting: Nausea and vomiting are common during the first 24 hours after surgery. Narcotic medication may increase the nausea and vomiting. Please try to reduce the narcotic pain medicine as much as possible, either by reducing the amount given or lengthening the time between

doses. One may try to skip one dose of narcotic and use just a full dose of plain acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Motrin). The patient may also try to eat some simple, non-fatty food with the next dose of narcotics. If nausea and vomiting is excessive or persistent, call our office for further instructions.

Constipation: PATIENTS MAY EXPERIENCE CONSTIPATION WHILE TAKING NARCOTICS AND EATING A LOW FIBER DIET. PLEASE TRY TO MINIMIZE NARCOTICS. TRY TO EAT SOME SOFT FOODS WITH FIBER: E.G. APPLE SAUCE, BANANAS and BERRIES. ONE CAN BLEND SOME FRUITS WITH ICE FOR A COOL "SMOOTHIE" DRINK.

TO AVOID RUNNING OUT OF A NARCOTIC MEDICATION:

1. Please fill your narcotic prescriptions at a pharmacy that is open after hours and on weekends.
2. Call our office by 2 pm the day BEFORE you will need a refill to give us time to process your request. A FAMILY MEMBER MAY NEED TO DRIVE TO OUR OFFICE TO PICK UP THE NARCOTIC PRESCRIPTION (DEA RULES). IF YOU ARE TAKING NARCOTICS, YOU CANNOT DRIVE. YOU COULD BE CITED FOR "DRIVING UNDER THE INFLUENCE".

Other Questions: For non-emergent questions, please call our office (503-581-1567) between 9:00 am and 3:00 pm. Monday through Friday. For emergent question, please call our office (503-581-1567), and our answering service will page the doctor on call. We have a doctor on call 7 days a week.