

## **SUBMANDIBULAR GLAND REMOVAL**

### **Post Operative Instructions**

Nurse Line (8:30am to 5pm)  
Emergency After Hours Line

**937-496-0261**  
**937-496-2600**

### **The Surgery Itself**

Surgery to remove the submandibular gland involves general anesthesia, typically for about two hours. Patients may be quite sedated for several hours after surgery and may remain sleepy for much of the day. Nausea and vomiting are occasionally seen, and usually resolve by the evening of surgery - even without additional medications. Some patients stay overnight in the hospital; other patients can go home the evening of surgery. Some patients will have a drain in place after surgery; this is removed the following day before you go home from the hospital or in the office 1-2 days after surgery.

### **Your Incision**

Your incision is closed with absorbable sutures and is covered with a small strip of tape or skin glue. You can shower and wash your hair as usual starting 24 hours after your drain is removed. If you did not have a drain in place after surgery, you may shower 24 hours after surgery. You may wash in a bathtub prior to that time if you are careful not to get your neck wet. Use a dab of Bacitracin ointment on your drain site (on one side of your incision, not covered by the tape or glue) before and after showering. Do not scrub the incision.

- You might notice bruising around your incision or jaw line and slight swelling above the scar when you are upright. In addition, the scar may become pink and hard. This hardening will peak at about 3 weeks and may result in some tightness or difficulty swallowing, which will disappear over the next 2 to 3 months.
- You should apply sunscreen on your incision site starting 1 month after surgery EVERY day for the first year after surgery. This will prevent a red or pink scar and give you the best cosmetic result for your scar. A daily moisturizer with sunscreen (example Oil of Olay with SPF 15) is fine.

### **Limitations**

You can start resuming normal activities as tolerated 7 days after surgery. For some patients, lifting can cause pain and stretching at the surgery site for up to 3 weeks after surgery. You should not drive or drink alcohol while taking pain medications. Most people can return to work/school 1 week after surgery, but there may be physical limitations as far as what you may do while at work. Your

surgeon will review your specific limitations and release you when you are ready to return to work.

## Medications

- Pain medication can be used for pain as prescribed. Pain is expected after surgery. Your neck will be sore and pain will be worse when the neck is stretched and when you swallow. As the surgical site heals, pain will resolve over the course of a week. It is not uncommon for pain to get worse when you first go home because your activity may increase but from that point on the pain should improve every day. Pain medications can cause nausea, which can be prevented if you take them with food or milk.
- You may be given a stool softener (Colace) because pain medications may make you constipated. It is recommended that you use these starting right after surgery -- you may discontinue if you find that you are having normal or loose stools.
- Bacitracin ointment should be applied to the drain exit site three times a day for 2 days after the drain is removed. It should also be applied before and after showering for 24 hours after the drain is removed. Bacitracin ointment can also be applied to the incision once the tape is removed or the glue peels off. This prevents scabbing and itching.
- Take all of your routine medications as prescribed, unless told otherwise by your surgeon. Any medications that thin the blood should be avoided (such as aspirin).
- **IT IS OK TO TAKE OVER THE COUNTER PAIN MEDICATION (IBUPROFEN, NAPROXEN, or ACETAMINOPHEN) IN ADDITION TO YOUR PRESCRIBED MEDICATIONS. DO NOT TAKE ASPIRIN UNLESS CLEARED WITH YOUR SURGEON.**
- Limit Acetaminophen/Tylenol to less than 4,000mg/day
- Limit Ibuprofen/Motrin to less than 3,600mg/day

## Pain

The main complaint following this surgery is pain with swallowing, eating and neck movement. Some people experience a dull ache, while others feel a sharp pain. This should not keep you from eating anything you want and will improve daily after surgery.

## Other things....

- Your tongue may feel numb on the side of your surgery temporarily. This is due to swelling in the nerve that gives the tongue sensation.
- Some patients have increased pain with eating or smelling things that illicit

hunger. This is due to stimulation of the nerves to the salivary gland.

- You may have numbness in the skin around the incision after surgery. This will eventually resolve but when the skin sensation nerves start to “wake up” you may feel something similar to “electric shocks” or short sharp sensations in the skin. Be careful when shaving if your neck skin is numb.
- You may have weakness of the lower lip on the side of the surgery from retraction in surgery.

### **Reasons to call your surgeon’s office**

- Persistent fever over 101° F
- Bleeding from the neck incision
- Increasing neck swelling under incision
- Pain that is not relieved by your medications
- Purulent drainage (pus) from the incision
- Redness surrounding the incision that is worsening or getting bigger
- Bleeding is possible after surgery and the most serious cases may cause trouble breathing. Symptoms include rapid swelling in the neck, trouble breathing, red and purple discoloration of the skin over the incision. Please call doctor immediately or if trouble breathing is present, got to the closest emergency room or call 911.