



Mr Nicholas Agar

GEELONG
Head and Neck

Submandibular Gland



Discharge Date

Post Op Appointment

Discharge meds given? Yes / No

Time Panadol last given

The Recovery/Time Off

The recovery from a Submandibular Gland excision takes about 1 week. It is usually performed as a day stay procedure. I typically insert a small drain tube at the time of surgery, this is removed in the recovery room 3hrs post operatively although sometimes I'll send you home with the drain tube and remove it in my rooms the following day. I advise strictly no exercise/exertion during the recovery. After 1 week, the region of the incision (a few centimetres below the jaw line) will still feel tight and a little tender, and there will still be a fullness/thickening under the incision. At the 1 week mark your energy levels should be back to normal and most patients will be fine to return to work. *Please ask for a certificate if needed.*

It is expected that you will have numbness around the incision. This occurs with any surgical procedure and will resolve over months (often with some minor tingling as nerves regenerate).

You will have a dissolvable stitch under the skin which doesn't require removal. Please keep the wound dry for 3days (shower briefly with your head out of the water stream). On the 4th post operative day please remove your steri-strips and feel free to leave the incision open to the air until the post op appointment.

Post Op Medications

Prescriptions will be individualised according to other health issues, age, weight and any allergies.

1) Pain Killers

The key is to take regular pain relief to avoid severe pain occurring. I will typically prescribe:

- Regular Paracetamol four times daily for 5 days.
- Celebrex twice daily for 5 days.
- Oxycodone to be taken as required.

Paracetamol and Celebrex taken regularly will often be adequate. Oxycodone is a strong painkiller related to morphine. Take this if you are still uncomfortable but be aware that it will make you drowsy and can cause nausea and constipation. Please ask your chemist for a Laxative at the first hint of constipation.

Post Op Problems

Marginal Mandibular nerve palsy

Every effort is made to avoid this complication, however a temporary palsy occurs in approximately 5% (due to

stretch) and a permanent paralysis in 1%. Temporary weakness should resolve in weeks but complete recovery can take many months. It results in weakness of the muscles moving your lower lip and therefore has cosmetic implications and implications on drinking thin fluids.

Other nerve injury

The hypoglossal nerve (which moves the tongue) and the lingual nerve (which gives sensation to the tongue) travel close to the submandibular gland and extremely rarely could be damaged. These nerves are large and easily identified and therefore very unlikely to be injured.

Bleeding

Approx 1% of patients will *suddenly develop* a hematoma in the wound. This typically occurs immediately after the operation but can rarely happen after going home (in the event of straining). If you are concerned call me or call 000.

Seroma

A soft collection of fluid may *gradually develop* in the wound bed during the first week after surgery causing the area to look and feel swollen. If it occurs, this will progressively feel tighter, plateau, then go away over a few weeks if left alone. If causing pain/concern it can be drawn out with a needle at your post op appointment.

Scar Management

The scar is in a cosmetically sensitive area and it's normal to be anxious or concerned about its appearance. Initially it will be a little raised/heaped and reddish-pink. By 2 months the redness will begin to fade and by a year it is usually quite subtle. Some useful tips...

- Skin colour steri-strips or beige paper tape along the wound can both camouflage and help flatten the scar.
- Use a Moisturiser with Vitamin E (eg BioOil).
- Always apply sunscreen to your scar.

If you need help....

- 1) **In hours call me via my office 52218490**
- 2) **After hours call me on my mobile 0425746617**
- 3) **If I am unable to respond please -attend the Geelong Hospital Emergency Department and the oncall ENT surgeon will become involved if necessary.**
OR
- 4) **call an ambulance on 000**