

Arizona Sinus Center

Phone (602) 258-9859 Fax (602) 256-0820

Post-operative Instructions following Sialoendoscopy of the salivary glands

General:

The submandibular and parotid glands are paired saliva producing glands found on each each side of the neck and face. The submandibular gland (SMG) is found under the mandible (jaw bone) and deep to the neck skin and the parotid gland is found in front of the ear and under the skin of the cheek. These 4 glands have a small duct that collects saliva from the gland and transmits it to the mouth through tiny openings on the undersurface of the tongue (SMG) or on the inner surface of the cheek (Parotid gland). Sialoendoscopy is a minimally invasive procedure for treating multiple conditions of the salivary glands. One common disorder affecting both glands is sialolithiasis, a condition in which stones form in the salivary gland ducts and block the flow of saliva into the mouth. This creates pain and swelling of the gland that is exacerbated with eating. In the past, treatment consisted of surgically removing the stone through the mouth and removing the gland through the neck. Sialoendoscopy allows for incisionless removal of stones and treatment of chronic infection or inflammation. This procedure decreases the risks of traditional open surgery which include scar, nerve injury or loss of function of the salivary gland.

Diet:

Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions. Generally, patients experience a mild sore throat for 2-3 days following sialoendoscopy. This usually does not interfere with swallowing. We recommend 8 glasses of water daily for the first week after surgery. Hydration increases salivary flow through the glands and prevents build-up of stones in the ducts. Sialogogues (such as sugar-free lemon drops 4-5 times daily) are also helpful in preventing stasis (back-up) of the saliva.

Medications:

Patients report mild neck pain for several days following submandibular gland excision. This is usually well controlled with Tylenol avoid non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®). Prescription strength oral pain medications are not usually needed. Please contact our office (602) 258-9859 if your pain is not controlled with your prescription pain medication. The need for antibiotic therapy is determined by the surgeon at the time of the procedure.

Activity:

Limited activity is suggested for 48 hours after surgery mainly secondary to the effects of the anesthesia. You should plan for ~ 1-2 days away from work. You may massage the salivary

gland involved with the procedure on postoperative day one up to 3 times per day for five minute intervals. Some swelling of the salivary gland after the procedure is to be expected and should resolve spontaneously within the first 48 hours.

Follow-up Appointment:

Your follow-up appointment in the office will be 7-10 days following your procedure. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital.

Please call our office immediately if you experience:

- *Difficulty breathing or swallowing**
- *Facial or neck swelling**
- *Bleeding or saliva from the wound**
- *Fever greater than 101 degrees Fahrenheit**
- *Purulent discharge (pus) coming from the mouth**
- *Increasing redness around the skin overlying the salivary gland**

Office phone: (602) 258-9859 (an on-call doctor is available at all times)

Website: www.arizonasinus.com