

This leaflet aims to improve understanding of your forthcoming treatment and contains answers to many commonly asked questions. If you have any other concerns that the leaflet does not answer, or would like further explanation, please ask your surgeon.

What is the sublingual gland?

The sublingual gland is a salivary gland, about the size of an almond, which lies underneath the tongue in the floor of the mouth. Saliva drains from it through a number of small tubes that open on the inside of the mouth under the tongue. The most common reason for removing the sublingual gland is as a result of blockage to these drainage tubes which can lead to a swelling (ranula).

What does the operation involve?

The sublingual gland is removed under a general anaesthetic, i.e. you are put to sleep completely. The operation involves a cut about 2cm long underneath the tongue. The incision is closed with stitches which are usually dissolvable but may take several weeks to disappear.

Will anything else be done while I am asleep?

If your gland is being removed because of infection that is caused by a stone, that stone may also be removed.

How long will the operation take?

It will normally take about 30 minutes, unless it is unusually complicated.

What can I expect after the operation?

You will usually have to stay overnight in hospital. You are unlikely to feel very sore but painkillers will be arranged for you. There is usually a little swelling following sublingual gland removal.

Do I need any time off work?

Most people take a week off work to recover from the surgery. During this time you should avoid strenuous activity.

Will I have a scar?

At the time of surgery, the wound is only gently held together with a few stitches so at first you will see some gaps. Please do not be concerned with this. All cuts leave a scar but inside the mouth the majority of these fade with time and are difficult to see when they are fully healed.

What are the possible problems?

There are potential complications with any operation. Fortunately with this type of surgery they are rare. However it is important that you are aware of them and have the opportunity to discuss them with your surgeon.

Bleeding - Bleeding from the wound is unlikely to be a problem. If it occurs it usually does so within the first 12 hours of surgery which is why you need to stay in hospital overnight.

Infection - Infection is uncommon but your surgeon may prescribe you a short course of antibiotics if they think it is necessary.

Numbness of the tongue – The lingual nerve is the nerve that supplies feeling to the side of the tongue. It is rarely bruised, but if bruising occurs it results in a tingly or numb feeling in the tongue, similar to the sensation after having an injection at the dentist. This numbness may take several months to disappear and in a minority of patients may last forever.

Damage to the submandibular duct – The submandibular duct is the name of the tube which carries saliva from the submandibular gland into the mouth. The submandibular gland is another larger salivary gland, about the size of a plum, which lies immediately below the lower jaw at the top of the neck. The duct runs close to the sublingual gland before opening on the inside of the mouth under the tongue just behind the lower front teeth. If the duct is damaged, saliva may not drain properly from the submandibular gland and the gland may, therefore, swell in the upper part of the neck. The majority of these swellings settle down on their own.

If a salivary gland is removed will I be left with a dry mouth?

The removal of one sublingual gland will not have an impact on the amount of saliva that you produce. There are many other salivary glands left in and around the mouth that will still keep it moist.

Further questions

Should you have any further questions or concerns, please do not hesitate to contact us:

Maxillofacial Unit
Tel: 01342 414538

Monday to Friday - 8.30am – 5pm

For emergencies out of hours, please telephone switchboard on 01342 414000 and ask for the Maxillofacial doctor on duty.

Surgical removal of sublingual salivary gland

Please ask if you would like this leaflet in larger print or a different format.

Maxillofacial Unit
Issue 2 – Ref: no. 0369
Approved by the Patient Information Group
Print July 2018 – Review June 2021

© Copyright QVH NHS Foundation Trust
qvh.nhs.uk

