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Excision of Submandibular Gland Informed Consent

Excision of the submandibular gland is a surgical operation to remove a large salivary gland located in immediately below the lower jaw. The most common reasons for removing all or part of this gland are a tumor, chronic infection or obstruction of the saliva outflow causing chronic enlargement of the gland.

The most common tests to determine the nature of a submandibular tumor include FNA (fine needle aspiration biopsy), during which a small amount of fluid is withdrawn from the gland to see if malignant cells are present, CT scan (an x-ray test that helps to determine the size and position of the submandibular tissues), and MRI scan (an imaging test that uses powerful magnets instead of x-rays).

The procedure is usually done under general anesthesia. The extent of surgery may also depend on pathological examination of tissue removed during the surgery.

The nerve that controls sensory innervations to the tongue (the lingual nerve) runs through the submandibular gland. This nerve also carries fibers of the facial nerve which return taste information to the anterior (front) two thirds of the tongue. Most often the submandibular gland can be removed without permanent damage of the nerve, however, the size and position of the diseased tissue may require that the nerve, or small branches of the nerve, be cut to assure complete removal. Even if the nerve is not permanently injured, there may be decreased motion of the lip and/or tongue as the nerve recovers from the surgical procedure. If motion does not fully return, there are ways to rehabilitate facial movement.

Other possible short term complications include bleeding and infection. Although rare in submandibular gland surgery, some patients may develop a thick scar or keloid. Many patients experience numbness of lower part of mouth after surgery. This generally resolves slowly over time.

Depending on the final diagnosis after the tissue is reviewed by a pathologist, additional diagnostic tests and follow-up examinations may be needed. Most often, masses of the submandibular gland are benign, and complete removal is the only treatment needed.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Signature: _____ Date: _____

Print name: _____

Witness: _____