INFORMED CONSENT

Submandibular salivary gland excision with possible ranula removal

WHY DO I NEED THIS PROCEDURE?

The purpose of the surgery is to treat a patient who has a persistent mass in the submandibular gland due to either stone formation or lymph node infection, and in some cases there are benign tumors which could be growing in this area, as well. Also, as part of the neck dissection it is required to remove any lymph nodes which surround this area. There is sometimes the risk of a cancer, as well, which may require definitive removal for a definitive diagnosis.

WHAT HAPPENS DURING SURGERY?

The surgery requires roughly two and a half to three hours in total for removal of the salivary gland. Under general anesthesia, an incision is typically made around the neck area where the salivary gland is located. After ligating (sealing) the appropriate arteries and veins as well as retracting the nerve, the gland itself is removed from the underlying muscle as well as underlying nerve structures. The entire gland itself is removed with the lymph nodes in this area sometimes, as well as a possible ranula (fluid filled sac on underside of tongue), which could also come about as a leakage from the salivary gland. There are fairly significant arteries and veins along with the nerve in this area, which contribute to the roughly three hours of the operating time. When the surgery is completed, a drain is typically left in place for the prevention of a hematoma (swelling of clotted blood).

WHAT TO EXPECT AFTER SURGERY?

After the surgery is completed, the patient will be staying in the outpatient recovery area. Most likely, the patient will be home approximately two to three hours after surgery. Again, this is considered an outpatient surgery. Typically, there will be paper Steri-Strips placed over the area of surgery as well as a drain which will be removed in the doctor’s office several days after surgery.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

Because of the nature of the surgery and the amount of nerve that travels in this area, there are several distinctive possible risks. Firstly, there is possible injury to the marginal mandibular nerve. This nerve is a branch of the facial nerve. Injury, which could result in drooping of the lower lip area. There is also the possibility of injury to the lingual nerve, which typically results in loss of sensation over the anterior one-third of the tongue. There have also been some reports of injury to the hypoglossal nerve, which controls movement of the tongue itself. In any surgery, there are the risks of bleeding and hematoma. Oftentimes there could be a retained stone in the distal portion of the Wharton’s duct. However, because of the removal of the gland itself, the complication of retention of a stone in the Wharton’s duct is rather minimal. Lastly, there is the possibility of infection in this area because of salivary gland
itself is full of saliva, which be contaminated with bacteria. Antibiotics will be prescribed postoperatively to prevent any type of infection in this area.

Postoperatively, the drain will be left in place for approximately 24 to 32 hours. A dressing is applied to this area and the doctor will explain exactly how to take care of this area.

**AS WITH ANY SURGERY, THE RISKS FROM ANESTHESIA, REACTION TO MEDICATION AND BREATHING PROBLEMS OR EVEN DEATH FROM GENERAL ANESTHESIA IS POSSIBLE.**

If you have any further questions after having read the above information, please feel free to discuss this during preoperative session. Remember that there are never any "dumb" questions. Our office strives to be as transparent as possible. We want you to be fully informed so that you will have an excellent outcome from this surgery.

**IT IS MANDATORY TO BRING A FAMILY MEMBER OR FRIEND WITH YOU TO THE PREOPERATIVE VISIT. THIS IS BECAUSE PATIENTS, AFTER THE SURGERY, DUE TO THE GENERAL ANESTHESIA MAY FORGET THE INFORMATION PROVIDED TO THEM BEFORE THE SURGERY.**

Please sign and return this form to our office for the preoperative session.

Please feel free to contact our office with any questions you might have at 714-441-0133.

Sincerely yours,

James J. Lee, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

____________________________________  ______________________
Patient or Guardian Signature                        Date

Patient Name Printed