

Surgery for saliva control

Surgery for saliva control has been available for some years in Melbourne. A variety of operations have been tried, some being more successful than others. The surgery that is currently carried out aims to redirect the saliva from sitting at the front of the mouth to going back down the throat.

There are 3 major pairs of glands in the mouth, the submandibulars, sublinguals and parotids.

The submandibular and sublingual glands produce saliva through ducts in the front of the mouth just under the tongue (see figure 1). The submandibulars produce most of the saliva in the mouth (about 65%) and it is watery. The sublinguals produce a little saliva but it is thick and mucous. The parotid glands produce saliva through ducts which open into the mouth near the second upper molar tooth. The saliva from the parotid is very helpful in making the food go down when we eat.

What is the operation

Currently the operation being offered for drooling is:-

- the relocation of the submandibular ducts and the removal of the sublingual glands

The submandibular ducts are threaded back under the tongue so that the ducts become repositioned into the back of the throat (the tonsillar area) see figure 3. Thus they can continue to produce saliva which drips down the back of the throat instead of into the front of the mouth. The sublingual glands are removed to prevent the development of cysts (ranula) in the floor of the mouth as well as improving the consistency of saliva.

Operation

The operation lasts for approximately an hour and requires a general anaesthetic. Occasional a temporary suture (stitch) is placed in the tongue in order to keep the airway clear and this is left in place for 24 hours. There is swelling in the mouth for a few days and intravenous fluids are given to maintain hydration during the first 24 hours. Patients should eat soft food for 1-2 weeks after the operation

Hospitalisation

This surgery is available at the Royal Children's Hospital. It can be done publicly or privately. The stay in hospital usually 1-3 days

Surgery for saliva control is also available at Monash Medical centre Clayton. The surgical procedure is a little different with the rerouting of the submandibular ducts and the ligation (cutting) of one of the parotid ducts.

Surgical Complications

These are uncommon. . Possible early complications which may occur with any operation include bleeding, swelling or infection. One rarely reported complication is possible severe or prolonged swelling of the tongue. Possible late complications are swelling in the glands in the floor of the mouth which may need another operation.

Good oral care with regular dental check ups (every 6 months) is very important after the surgery. Saliva is protective for teeth and moving it to the back of the mouth puts the front teeth in danger of developing caries (decay). Please tell your dentist about this operation

We ask you to come back to saliva clinic 1 month , 6 months, 1 ,2 and 5 years after the operation. A dentist will check your teeth at that appointment.

Success rate

No detailed formal study has been published utilising this form of surgery. However over 50 operations have been carried out in the last few years with a 75% success rate. Very few children achieve a "perfect" result but many report an improvement. Patients who do not show any improvement can be offered additional minor surgery.

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