

Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

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DROOL REDUCTION PROCEDURE

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

DEFINITION

Sialorrhea (drooling) is the accumulation of saliva in the mouth that eventually spills over the lips onto the chin. It occurs due to poor coordination of the muscles of the tongue, palate, and face in the first stage of swallowing. This is a common problem for children with neurological impairments. Too much saliva can drain down into the lungs causing frequent coughing, choking, and aspiration pneumonia.

WHERE SALIVA IS PRODUCED

Saliva is produced by 3 types of glands:

1. Submandibular glands - located under the jaw in the neck (one on the left and one on the right)
2. Parotid glands - located in the cheek in front of the ear (one on the left and one on the right)
3. There are also hundreds of small glands throughout the mouth.

THE SURGERY

This surgery is commonly called the "Drool Procedure" There are 2 similar procedures that your physician will decide between depending on the needs of your child.

BILATERAL SUBMANDIBULAR AND PAROTID DUCT LIGATION (close up)

- There are no external incisions made with this surgery. Both "sets" (left/right) of ducts that bring saliva into the mouth are sewn closed inside the mouth
- Surgery is about 1 hour and children are kept overnight for observation
- Children are kept at the hospital until any pain is controlled and until they are able to tolerate eating/drinking by mouth or resume their tube feedings. An IV placed during surgery will remain until this occurs

BILATERAL SUBMANDIBULAR GLAND EXCISION (REMOVAL) & PAROTID DUCT LIGATION (close up)

- There is an incision under the lower jaw on both sides to remove the submandibular glands and the ducts that bring saliva into the mouth from the parotid glands are sewn closed
- Surgery is 2-2 ½ hours and children are admitted for 1-2 days following surgery.
- There is a drain next to each incision just underneath the skin that will be removed the morning after surgery
- Children are kept at the hospital until any pain is controlled and until they are able to tolerate eating/drinking by mouth or resume their tube feedings. An IV placed during surgery will remain until this occurs

PRE-OPERATIVE CARE

- Avoid aspirin products (including Pepto-Bismol) or products containing Ginkgo Biloba or St. John's Wort for two weeks prior to surgery.
- Acetaminophen (Tylenol) may be given as well as over the counter cold medications and antibiotics.
- Please notify your doctor if there is a family history of bleeding tendencies or if the child tends to bruise easily.

POST-OPERATIVE INSTRUCTIONS

1. **Incision Line Care:** Clean the incision with ½ strength hydrogen peroxide (equal parts peroxide and water) 2-3 times each day until the incision is no longer draining/crusted. Use a Q-tip soaked in the solution and swipe it once across the incision using each end of the Q-tip once. Allow this to bubble for a minute then dab or pat dry. Once dry, apply antibiotic ointment also using a Q-tip. Do not get the incision wet in the bath or shower for 7-days. The incision line will be red itself but if there is significant redness, swelling, or pus draining from the incision line, call the office. The red line remains for 6-12 months and fades to a fine white line. Use sunscreen on this area after the first 2 weeks for at least 1 year.

2. **Fever:** A low grade fever is normal for several days after surgery and should be treated with Tylenol (acetaminophen). Please call the office if the fever is >102 F.

3. **Pain:** A sore mouth is expected for several days. Most children find it difficult to eat/drink due to this pain. It usually lasts for about 7 days. Medicate your child every 4 hours up to 5 doses in a 24 hour period with Tylenol.

4. **Activities:** Daily activities may be resumed as soon as your child feels up to it with the exception of gym, sports, or swimming which should be avoided for 2 weeks.

WHEN TO CALL OUR OFFICE

Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Has discomfort unrelieved by the pain reliever
- Persistent vomiting or inability to drink fluids

FOLLOW-UP

Your child will need to be seen back in the office 2-3 weeks after surgery. Please call to make an appointment.