

ENT

Sialendoscopy

What is sialendoscopy?

Sialendoscopy is a procedure that is used to examine and treat inflammatory salivary gland diseases. These can be due to any problems within the drainage tubes (ducts) of the salivary glands.

A miniature camera (endoscope) is placed into the natural opening of the salivary gland duct as it enters the mouth. This allows the salivary gland ducts to be explored.

Small instruments can be inserted through endoscope to remove any salivary stones or debris, or to deal with any narrowing that may be present.

The salivary glands can also be washed out with saline (salty water) or other medications such as steroids and antibiotics.

Sialendoscopy is a technique that has been newly introduced at University Hospital, Coventry. It is routinely performed across centres in the UK and rest of the world.

It is done usually as a “day-case” procedure – you will be admitted and discharged on the day of the procedure.



Why do I need a sialendoscopy?

The most common reason for having a sialendoscopy is to find out and treat painful any swelling of your salivary glands.

The best available information suggests this procedure can successfully remove the cause of duct blockage in up to 9 in 10 patients.

What are the benefits of treatment?

The aim of this procedure is to try and improve your symptoms without having to remove the salivary gland.

There is good evidence that if the obstruction within the salivary gland ducts can be dealt with, the gland will recover its function. This means you will not need to have the gland removed.

What does the procedure involve?

This procedure can be done under local or general anaesthetic. The type of anaesthesia used will be discussed with you when you are seen in the outpatient clinic.

The endoscope is introduced into the glands natural opening inside your mouth. The opening will be gently stretched to allow the endoscope to be introduced into the gland in most cases.

Very occasionally a small cut needs to be made at the opening of the duct. This is so the endoscope can be placed into the gland and is needed if the opening of the duct is very tight.

Once the endoscope is placed into the gland, the drainage tubes of the gland will be examined.

To inspect the ducts, they need to be rinsed with fluid (saline) during the procedure. This rinsing will cause some temporary swelling of your gland. The swelling usually reduces within 24 hours.

Patient Information

Small stones can be removed through the endoscope. Larger stones can sometimes be broken into smaller pieces using a laser. The laser fibre will be introduced through a separate channel in the endoscope, and the stone fragments removed through the endoscope.

If your duct is narrowed (strictures), the duct can be stretched – it is made bigger so saliva flows better.

In some cases, a combined endoscopic and surgical approach needs to be done. In the case of unusually large stones, a small cut will be made in the duct. The endoscope will then be used to see and remove the stone.

If there is a long or tight stricture, the abnormal bit of the duct will be removed. The endoscope is used to help reconstruct the duct.

In some cases, a small stent (“tubing”) will be placed in the duct at the end of the procedure. This stent is kept in for 2 weeks and helps with the process of healing. The stent held in place with a stitch. This is well-tolerated by most patients.

How long does the operation take?

It usually takes between 20 and 30 minutes if the procedure is done to examine duct system and for diagnosis.

For interventional procedures, such as removal of stones or stretching of duct narrowing, the procedure can take anywhere from 45 minutes up to 2.5 hours. This depends on how complex the procedure is.

Will it be painful?

This is not a particularly painful procedure. You will be given local anaesthetic during the procedure to minimise the discomfort.

Regular painkillers like paracetamol and ibuprofen will be enough to relieve pain. We will give you a supply to take home.

Patient Information

Will I need to take any time off work?

You may need to take the rest of the day off work, Most people are back to normal the following day.

You may need to take time for a few days when a combined endoscopic and surgical approach is performed.

Do I need to do anything after I get home?

After sialendoscopy, you will be advised to eat a soft, relatively bland diet for about a week.

If your gland is swollen, gently massaging it may help to reduce swelling more quickly. Your surgeon will advise you about this.

Are there any risks or side effects with the procedure?

While there are risks with any kind of interventional procedure, most patients have few or no complications.

However, it is important you are aware of the possible complications and to are able discuss them with the surgical team.

Bleeding

This is very unlikely because the procedure does not usually involve any cuts in your mouth.

If you have a combined surgical and endoscopic procedure, there is a slight risk of bleeding from the wound.

Any bleeding is minimal and occurs within the first 12 hours. There may be red staining of saliva for a few days.

Patient Information

Swelling

Sometimes (up to 12 in 100 cases), there is swelling around the gland. This can last 7-10 days.

To minimise this, you will be given regular anti-inflammatory medications like ibuprofen and possibly steroids.

Infection

This is uncommon. But if it occurs, it develops 2 to 5 days after the procedure. You will receive some antibiotics during surgery.

If your surgeon thinks that your salivary gland is infected or may develop an infection, you will be prescribed a short course of antibiotics to take home.

Nerve damage

There are several nerves near the salivary glands. However, with endoscopic procedures it is extremely unlikely that these nerves will be bruised.

There is a very small risk of nerve injury if combined surgical/endoscopic procedures are done. The overall rate reported in literature is 0.5-1 in 100.

Ranula

This refers to a swelling in the floor of the mouth. This may require surgery for removal. However, it is rare - about 1 in 100.

Perforation of the duct

There is around 1 in 200 chance of this happening. This may need further surgery and having to stay extra nights in hospital.

Duct stenosis

There is a up to 4 in 100 chance of needing stretching of the duct. Very rarely, the gland will have to be removed.

Patient Information

Need for gland removal

On occasions (up to 15 in 100 cases), endoscopy or combined approach will not be able to deal with the problem. This means gland removal will need to be considered.

What are the benefits and risks of alternative treatments?

For strictures

For strictures of the ducts, there is no alternative apart from removal of the salivary gland.

For stones

For stones, the alternative is conventional surgery. This involves making a cut in the duct on top of the stone.

In some instances this may not be curative. This is because additional stones are sometimes present and will be missed, or are located in inaccessible areas.

Endoscopy makes sure that the salivary ducts are thoroughly examined and enable the removal of all remaining stones.

Another alternative is to surgically remove the affected gland. This has the benefit of almost always solving the symptoms of recurrent swelling.

But this surgery carries risks of scarring and possible injury to nerves supplying the face/tongue, numbness of facial skin, and sweating when eating (Frey's syndrome).

On occasions, patients have recurring symptoms, even after the removal of salivary glands.

Patient Information

Who do I contact in case of any problems after the operation?

There is always a doctor available to give advice or arrange for you to be seen if needed urgently.

Please contact the ENT doctor on-call via the hospital switchboard, 024 7696 4000 and ask to speak to the ENT registrar.

Further information

If you have any questions or comments about this information sheet, please contact the team on 024 7696 5684

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