

ENT Department

Sialendoscopy

What is sialendoscopy?

Sialendoscopy is a procedure that is used to examine and treat inflammatory salivary gland diseases due to any problems within the ducts (drainage passages) of the salivary glands. A miniature endoscope (“camera”) is inserted into the natural opening of the salivary gland duct as it enters the mouth. This allows the salivary gland ducts to be explored and small instruments can be inserted through endoscope to remove any salivary stones/debris, or 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.

It is a new technique that has been introduced at the University Hospital, Coventry. However, it is routinely performed across centres in the UK and rest of the world. It is done usually as a “day-case” procedure i.e. being admitted and discharged on the day of the procedure.

Why do I need sialendoscopy?

The most common reason is to find out and treat painful swelling of your salivary gland(s). The best available information suggests that this procedure can successfully remove the cause of duct blockage in 85-90 % of patients.

What are the benefits of treatment?

The aim of endoscopic surgery 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, thus sparing unnecessary gland removal.



What does the procedure involve?

This procedure can be done under a local or a general anaesthesia. The type of anaesthesia used will be discussed with you when you are seen in the outpatient clinic. The endoscope is introduced through the glands natural opening inside your mouth. In most cases the opening will be gently stretched to allow the endoscope to be introduced into the gland. Very occasionally a small cut needs to be made at the opening of the duct to allow the introduction of the endoscope. This is usually only required if the opening of the duct is very tight. Once the telescope is introduced the drainage tubes of the gland will be examined. To allow inspection of the ducts they need to be rinsed with fluid (saline) throughout the procedure. This rinsing will cause some temporary swelling of your gland. The swelling usually settles within 24 hours.

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.

In case of strictures (“narrowing”) of the duct, the duct can be stretched i.e. made bigger to allow better salivary flow.

In some cases, a combined endoscopic and surgical approach needs to be performed. In case of unusually large stones, a small cut will be made in the duct. The endoscope will then be used to visualise and retrieve the stone. If there is a long/tight stricture, the abnormal bit of the duct will be removed, and the endoscope used to guide reconstruction of the duct.

In some instances, at the end of the procedure a small stent (“tubing”) will be placed in the duct up to 2 weeks to help with the process of healing. It is held in place with a stitch. This is well-tolerated by most patients.

How long does the operation take?

If the procedure is for examination of the duct system and diagnosis, it usually takes between twenty minutes and half an hour. For interventional procedures, such as removal of stones or stretching of duct narrowing, the procedure can take anywhere from 45 minutes to up to 2.5 hours, depending on the complexity of the procedure.

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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. We will give you a supply to take home.

Will I need to take any time off work?

You may need to take the rest of the day off work, but most people are back to normal the following day. But 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, gentle massage of it might help the swelling resolve more quickly but 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 be able to 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.

- **Swelling**

Sometimes (~ 5-12% of cases) there is swelling around the gland that can last up to 7-10 days. To minimise this, you will be given regular anti-inflammatory medications like Ibuprofen and possibly steroids.

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- **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. Overall rate reported in literature is 0.5 - 1%.

- **Ranula**

This refers to a swelling in the floor of the mouth which may require surgery for removal. However, it is rare ~ 1%.

- **Perforation of the duct**

There is around 0.5% chance of this happening. This may need further surgery and having to stay extra nights in hospital.

- **Duct stenosis**

There is a 1-4 % chance needing stretching of the duct; very rarely the gland will have to be removed.

- **Need for gland removal**

On occasions (~ 10-15 % of cases), endoscopy or combined approach will not be able to deal with the problem meaning having to consider gland removal.

What are the benefits and risks of alternative treatments?

For strictures of the ducts, there is no alternative apart from removal of the salivary gland. For stones, the alternative is conventional surgery which involves making a cut in the duct on top of the stone. However, in some

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instances this may not be curative since sometimes additional stones are present and will be missed or are located at inaccessible areas. Endoscopy ensures 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 carries risks of scarring and possible injury to nerves supplying the face/tongue, numbness of facial skin and Frey's syndrome (sweating when eating). On occasions, patients have recurrent symptoms despite removal of salivary glands.

Whom 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 urgently if necessary. Please contact the ENT doctor on-call via the hospital switchboard, 0247696400 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

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 5684 and we will do our best to meet your needs.

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