

Sialoendoscopy

Understanding
sialoendoscopy for
salivary disorders.

A patient guide

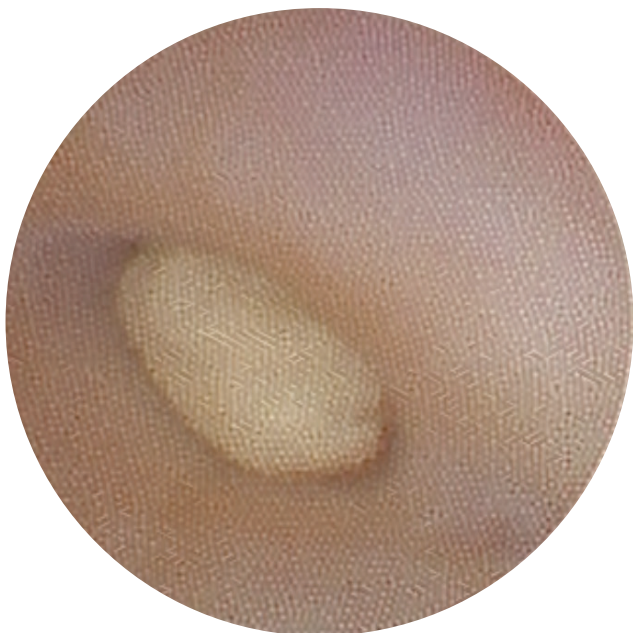


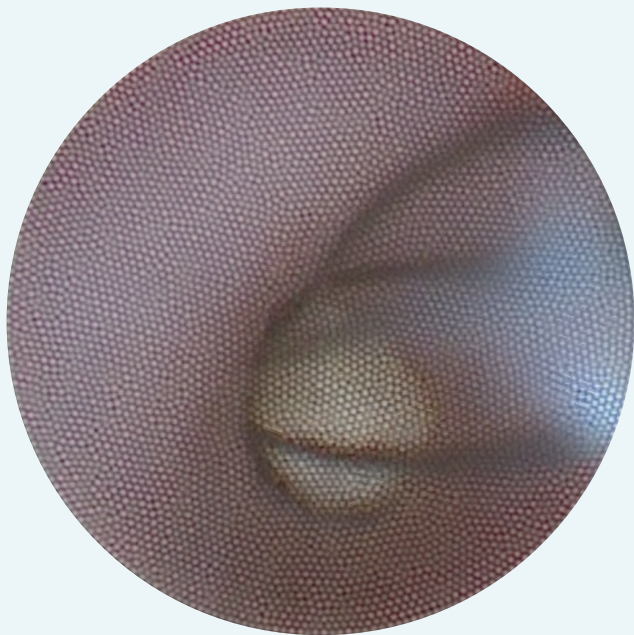
Dr Francis T. Hall (FRACS)

Saliva glands.

The main saliva (salivary) glands are:

1. **Parotid gland.** The parotid gland lies near the ear. There is one on each side. Each gland is about the size of a walnut with the shell on. Each gland drains via a short duct (pipe) measuring about 5 cm in length but only 1 mm in diameter into the mouth. The opening of the duct is by the upper back teeth.
2. **Submandibular gland.** The submandibular gland lies under the lower jaw just in front of the angle of the jaw. There is one on each side. Each gland is about the size of a walnut with the shell on. Each gland drains via a short duct (pipe) measuring about 5 cm in length but only 1.5 mm in diameter into the mouth. The opening of the duct is under the tongue in the midline.





Symptoms of recurrent swelling of the salivary glands.

Some patients have recurrent swelling of a salivary gland. Eating often makes the swelling worse. In some people the gland may be swollen for only 20 minutes, while others the gland may be swollen for a week or more. Sometimes the swelling can be painful. The frequency of episodes of swelling vary greatly – from 2-3 times per day to once every ten years or so. Some people are aware of a funny taste in their mouth when the blocked saliva suddenly passes into their mouth. Usually it is described as a salty or nasty taste.

Causes of recurrent salivary gland swelling.

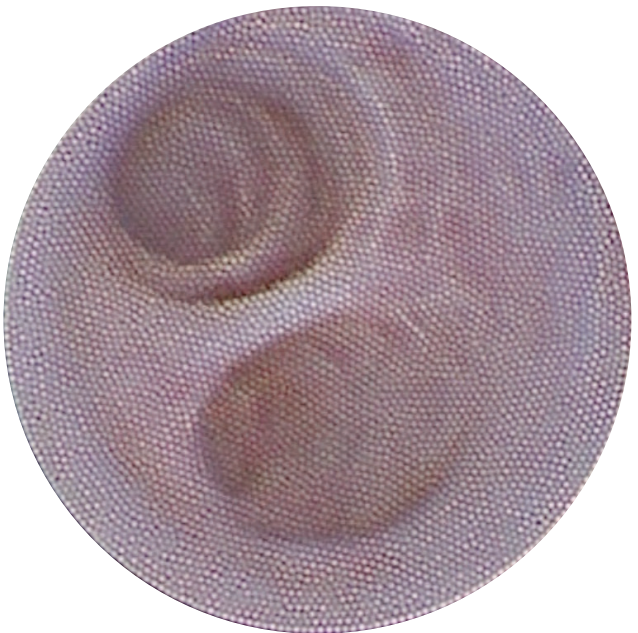
This may be due to:

1. **Stone.** A stone (calculus) can form in the salivary gland or in the duct of the salivary gland.
2. **Stricture.** A narrowing of the duct of the salivary gland.
3. **Kink.** A sudden angle in the duct of the salivary gland.

Treatment of recurrent salivary gland swelling.

There are two main types of treatment:

1. **Conservative treatment.** This consists of fluids, massage and citrus. All these measures encourage the flow of saliva. Fluids make the saliva more watery and therefore it flows easier. Massage is from the back of the gland to the front of the gland. This helps to push the saliva out of the gland and along the duct. Citrus is a potent stimulator of salivary flow and helps flush saliva along the duct.
2. **Surgery.** This consists either of unblocking the duct or removing the gland. Most of the time it is possible to unblock the duct. Sometimes it may be necessary to remove the gland.



Sialoendoscopy.

Sialoendoscopy is a procedure where a tiny telescope is passed up the duct of the salivary gland. Sialo means saliva. Endoscopy means using a telescope to look. The telescope has a small working channel through which instruments can be passed. Many stones can be removed with a wire basket that can expand around the stone. The wire basket and the stone can then be removed. Some larger stones can be broken and the pieces removed. Smaller stones can be removed in one piece. Strictures can be dilator either with a series of dilators passed over a guide wire or a small balloon which can be inflated at the site of the stricture. Kinks can be straightened out with a dilator. The procedure is done under general anaesthetic and you go home the same day. Because surgery is performed with a telescope the recovery time is fast and you can return to work in a couple of days.

Complications of sialoendoscopy.

1. **Swelling.** This may occur. Usually the swelling resolves in two days.
2. **Failure to cure.** Not everyone is cured. In some cases sialoendoscopy is not successful. If this happens, other treatment options such as removal of the gland are still possible.

Our experience.

Dr Hall introduced sialoendoscopy to New Zealand in 2007. After performing sialoendoscopy for two years he presented his results at the New Zealand Society of Otolaryngology Head and Neck Society Annual Scientific Meeting in 2010. In 2016 Dr Hall was also the first in New Zealand to use the Stone breaker – a pneumatic endoscopic lithotripter. This device is passed through the working channel of the sialoendoscope. It blasts the stone with carbon dioxide causing the stone to shatter. The pieces are then removed with a wire basket. It is used to remove larger stones.

Dr Hall's philosophy is to try and preserve salivary glands if possible. This is why he brought sialoendoscopy to New Zealand. He likens sialoendoscopy to unblocking a drain. "If the drain of your kitchen sink was blocked, you would unblock the drain before replacing the kitchen sink". Similarly if the duct of your salivary gland is blocked, unblock the duct.

Will sialoendoscopy help me?

Sialoendoscopy helps many people with recurrent swelling of a salivary gland. Before undergoing surgery see us for a second opinion. It is not suitable for very big stones > 7 mm in size or stones completely within the salivary gland. There are other more suitable options for these stones. If you have swelling of a salivary gland come and see us. We have a range of treatment options, including some treatment options that are not available elsewhere in New Zealand.

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