
Sialocele/Ranula Surgery



One of the most useful and efficient ways to convey information to you about your pet is via the written word. We carefully craft these notes to give you helpful information and accurate expectations around your pet's surgical experience.

Please read this. *Please save it and read it during each stage of the recovery process.* Surprises make for a stressful time for everyone.

Photo and video examples may be found on our website: www.directvetsurg.com in the Pet Owner Portal under "DVS Resources".

Your pet has had either a sialocele or ranula surgically treated. A sialocele (pronounced sigh-AL-o-seal) develops when one of the salivary glands found in the cheek/neck area (mandibular salivary gland) is damaged either in the gland itself or the duct leading from the gland to the mouth; saliva collects in the neck area. A ranula (*pronounced RAN-u-la*) develops when one of the salivary glands found alongside the tongue (sublingual salivary gland) is damaged in the gland or duct; saliva collects alongside/under the tongue. Some patients had fluid accumulate in both locations because the mandibular and sublingual glands share a common duct carrying saliva to the mouth. Both of these situations cause soft swelling that can range from small to very large.

Surgical treatment involved draining the fluid pocket, and then either 1) removing the mandibular salivary gland and/or 2) creating a new very large opening for the damaged duct in the mouth ("marsupialization", *pronounced mar-SOUP-ee-ul-eye-zay-shun*).

GENERAL INFORMATION

Please keep a note of your questions as you and your pet progress thru recovery and address them to your primary care veterinary team. Our surgery group will contact your primary care team on **Day 2** (after their phone follow-up with you) and **Day 14** (after your recheck visit with them) to check in on your pet's progress and see if you have had any concerns or questions. This method will maintain continuity in care and an accurate patient medical record.

First few days postop

MONITORING

Please keep your pet in a comfortable, safe, indoor location without free access to stairs for the next 24 hours as he/she recovers from anesthesia and surgery.

Your pet may be groggy for the next few days. He or she may whine or appear more anxious than usual; this may indicate pain/discomfort or side-effects of the medications. Please call your primary care veterinary team for assistance with medication adjustments or return for exam and additional pain medications as needed.

Monitor appetite and attitude. *If both do not steadily improve over the next 2-3 days*, please call your primary care veterinary team or return for progress evaluation and problem-solving.

You can expect your pet to have a bowel movement within 5 days. Some animals take longer than others depending on when they last ate prior to surgery and when they started eating after surgery. It may be abnormal in color and consistency for 2-3 days. If you have any concerns, please speak with your primary care veterinary team.

Please confirm that your pet has urinated within 24 hours of returning home. If he/she does not, or you notice any problems related to urination, please speak with your primary care veterinary team.

Closely supervise your pet's movements over the first 3-4 days when s/he will be groggy from anesthetics and pain medications. Limit activities to necessary events only (on leash/out to go to the bathroom; access to food/water.)

MEDICATIONS

It is likely that you have been prescribed one or more medications (given by mouth) for your pet over the first 2-3wks of recovery. During the discharge appointment or shortly thereafter, please make sure you understand:

- what each medication is being used to treat,
- what side-effects may develop, and
- whether or not the medication should be refilled and continued.

Week 1-2 postop

MONITORING

If the mandibular salivary gland was removed on the side of the neck, please check the incision 2x daily. Please call your veterinarian if you notice:

--gapping (the edges should be exactly touching)

--discharge (other than small amount of crusting)

Some bruising is normal and will resolve in 5-7 days.

You may have been prescribed an antiseptic rinse. If so, please rinse your pet's mouth with the solution 2-3 times daily for 7 days. There is no need to "target" an area with the rinse and the liquid is not intended to be swallowed (though, no risk if this occurs).

Your pet's breath may be bad for the first week; thereafter it should steadily improve. If you notice his/her breath becoming or remaining foul smelling, please see your primary care veterinarian for evaluation.

You will probably notice bloody saliva and excessive drooling for the first week. If this continues beyond this period, please see your primary care veterinarian for evaluation.

Do not allow your pet to paw or rub the incision(s); this can compromise the incision and predispose to infection. If necessary, please prevent access to the incision by using creative clothing options (neck "gaiter") or other devices, if you must leave your pet unattended.

TEST(S) PENDING

If there were any samples removed for testing, they will be submitted and results usually will be available in 5-7 days. Your primary care team will contact you with test results and make any treatment changes as needed.

PROGRESS EXAMS

Please return to your primary care clinic in 10-14 days for a progress exam. Surgical healing will be evaluated, sutures (if present) will be removed, additional surgical "touch up" procedures will be planned, and any questions you have will be addressed.

RESTRICTIONS

Do not allow your pet to have access to toys or other objects that he/she will carry in the mouth or chew on for 6 weeks. Failure to restrict this activity may compromise healing.

Avoid any rigorous activity for 2 weeks. For dogs, short, leashed walks to urinate/defecate are fine. Do not use a neck/collar restraint on walks, etc. for the first 4wks after surgery. A collar for ID purposes is ok.

If your pet's personality-type challenges these restrictions, discuss options for medicinal-assistance for your pet to make restrictions easier to manage (i.e. Trazadone, Gabapentin, Tramadol, other).

Month 1-2 postop

If your pet had a swelling in the neck, this can take up to 2-3 months to be fully absorbed. Saliva is very irritating to the tissues once it has escaped the salivary gland/duct system, so the inflammation lining the abnormal fluid pocket needs to go away before swelling fully resolves. If the size of the swelling is getting bigger, rather than smaller, postoperatively, please return for evaluation.

Longterm lifestyle

It is uncommon, but possible, for the salivary gland/duct on the other side of the head to be damaged too. It is currently poorly understood why some dogs develop this abnormality more than others.

Rarely, patients who start with just a ranula (swelling under the tongue) can go on to more leakage further up in the neck, and a sialocele in the neck/chin area develops. If this occurs, surgical removal of the mandibular salivary gland may be required.

Checklist:

HOME MONITORING AND PROGRESS CHECK-IN WITH VETERINARY TEAM

- Pet attitude and appetite—Are these improving daily? What are your observations? What are your specific concerns?

- Pet mobility—Is this improving daily? What are your observations? What are your specific concerns?

- Incision health—Is redness and swelling going away? Is there ongoing nasal discharge or bloody saliva?
- Pet pain level—What are your observations? What are your specific concerns?
- Other

Based on your own experience through this, we welcome and encourage suggestions to this information that may help future patients and their people. Pay it forward! (directvetsurg@gmail.com)

--The DVS Crew