

Treating blocked salivary glands with therapeutic sialendoscopy

NICE 'interventional procedures guidance' advises the NHS on when and how new surgical procedures or procedures that use electromagnetic radiation (such as X-rays, lasers and gamma rays) can be used.

This leaflet is about when and how therapeutic sialendoscopy can be used to treat people with blocked salivary glands in the NHS in England, Wales, Scotland and Northern Ireland. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which patients will benefit most from it.

This leaflet is written to help people who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe blocked salivary glands or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 6.

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.



Corporate member of
Plain English Campaign.
Committed to clearer communication.

197

This procedure may not be the only possible treatment for blocked salivary glands. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

What has NICE said?

This procedure can be offered routinely as a treatment option for people with blocked salivary glands provided that doctors are sure that:

- the patient understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

Therapeutic sialendoscopy

The procedure is not described in detail here – please talk to your specialist for a full description.

The salivary glands are located around the mouth and the throat. Small channels known as salivary ducts carry the saliva from the gland to the mouth. These ducts can sometimes become blocked, usually because of stones.

Sialendoscopy involves the use of a flexible tube (endoscope) to enter a salivary gland and to locate and remove the stone. The procedure is normally performed under local anaesthetic. The affected salivary duct is widened so that the endoscope can be inserted and the duct can be washed out with a local anaesthetic solution. The stone may then be retrieved using a small wire basket or a similar instrument which is put into the body through the endoscope.

Removal of the affected salivary gland (sialadenectomy) may be required for large or hard-to-reach stones.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks therapeutic sialendoscopy is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at five studies on this procedure.

How well does the procedure work?

Across all five studies, the therapeutic sialendoscopy successfully removed the blockage in 82–87% of patients. In one study, the procedure did not work in 6 out of 72 patients, so these patients needed to have a sialadenectomy. In another study, 20 out of 110 patients required sialadenectomy because of continuing symptoms. NICE looked at two studies to see how often the symptoms of duct blockage came back after the procedure. In the first study, symptoms came back in 4 out of 236 patients, and in the second study they came back in 3 out of 55 patients. In both of these studies all the symptoms came back between 15 months and 24 months following the initial procedure.

The expert advisers did not highlight any uncertainties about the procedure, and one commented on the high success rates reported in the published literature.

Risks and possible problems

The number of complications reported was small across all five studies. Temporary swelling of the gland was common.

In one study, the salivary gland was perforated in 11 out of 129 patients; 2 of them required hospitalisation as a result and 1 required surgery. Three other studies reported duct perforation in 3 out of 55, 1 out of 103 and 1 out of 236 patients.

In the study of 236 patients, the perforation led to the development of paraesthesia (abnormal sensations, such as tingling, prickling and numbness) of the lingual nerve in the tongue. Seven patients in this

study reported duct stenosis (a narrowing of the salivary duct), 5 of whom were successfully treated using an endoscope; the other 2 patients required open surgery. Other complications included infections after the operation and difficulty in retrieving the wire basket after collecting the stone.

In addition to infection, injury to the lingual nerve in the tongue and perforation and narrowing of the duct, the expert advisers stated that ranula formation (the occurrence of a swelling on the floor of the mouth, sometimes requiring surgery) is a potential risk of the procedure.

More information about blocked salivary glands

Your local Patient Advice and Liaison Service (PALS) may be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/IPG218

You can order printed copies of this leaflet from the NHS Response Line (phone 0870 1555 455 and quote reference N1258).

National Institute for Health and Clinical Excellence

MidCity Place, 71 High Holborn, London, WC1V 6NA; www.nice.org.uk
ISBN: 978-1-4731-9193-8

© National Institute for Health and Clinical Excellence, May 2007. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of the Institute.