

# Salivary duct dilation and / or stone removal

Radiology

## Introduction

The aim of this leaflet is to explain the procedure for patients undergoing a salivary duct dilation and/or stone removal. This leaflet is not meant to replace informed discussion between you and your doctor, but can act as a starting point for outlining risks and benefits.

## What is salivary duct dilation?

Saliva from a normal gland drains through a narrow tube (the duct) into the mouth. When, for example, a stone blocks the duct, the gland can swell and become painful, especially if there is infection present as well. While an operation may become necessary, it is also possible to relieve the blockage by dilating the duct. If there is a stone this can often then be removed.

## Who has made the decision?

Shared decision making - the choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

## Who will carry out the procedure?

An interventional radiologist will perform the salivary duct dilation. They have special expertise in interpreting the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

## Consent:

We must seek your consent for any procedure or treatment beforehand. Written consent will be obtained from yourself, by a doctor, to give permission to have the procedure carried out. Your doctor will explain the risks, benefits and alternatives where relevant before you sign the consent. A referral will be made and your appointment will be arranged. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

## What are the potential risks of a salivary duct dilation / stone removal?

Serious complications from salivary duct dilation/stone removal are uncommon, but you should be aware of the following:

- Failure to get through the blockage
- It may be difficult to remove a stone, if present, on first attempt

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

- Bleeding from the mouth
- Infection is also possible and it is sometimes necessary to take antibiotics after the procedure
- **Radiation:** Ionising radiation may cause cancer many years or decades after the exposure. We are all at risk of developing cancer during our lifetime. 50% of the population is likely to develop one of the many forms of cancer at some stage during our lifetime. It has been estimated that undergoing this procedure may increase the chances of this happening to you to about 0.1%. The requesting doctor and the doctor that will be performing your examination feel that the benefit of having the test or treatment outweighs the risk from the exposure to radiation
- If you have further questions about the risk of exposure to radiation, please talk to your doctor during consent.

**Please contact the X-ray Department as soon as you receive this appointment if you think you may be pregnant.**

**Contrast agent:**

The “dye” that is used can have side effects for a minority of patients:

- 3 in 100 patients experience nausea and hot flushes
- 4 in 10,000 may have more serious effects including breathing difficulties.

If a side effect does occur the doctors, nurses and radiographers are trained to deal with it.

## What are the potential benefits of having a salivary duct dilation / stone removal?

- May relieve your symptoms and therefore make you feel better.

## Are there any alternative treatments and what if I decide not to have it done?

Your doctor and the interventional radiologist in charge of your care will discuss the alternatives with you, which may include surgery. They will also discuss the consequences of no treatment.

## Are you required to make any special preparations?

This procedure is usually carried out as a day case procedure using local anaesthetic (a medication used to numb an area of the body to reduce pain) and sometimes intravenous fentanyl (a pain killer).

- You can eat and drink as normal unless a doctor or nurse has specifically said otherwise
- If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the procedure

If you are taking the following medication and the doctor has not discussed them during consent please contact the X-ray department when you receive this information:

- Acenocoumarol, Apixaban, Aspirin, Bivalirudin, Dabigatran, Dalteparin, Danaparoid, Dipyridamole, Edoxaban, Enoxoparin (clexane) Fondaparinux, Heparin, Phenindione, Tinzaparin, Warfarin.

## Where will the procedure take place?

The procedure will take place in the angiography suite; this is located within the radiology department. This is similar to an operating theatre in which specialised X-ray equipment has been installed.

## What happens during the procedure?

You will be asked to get undressed and put on a hospital gown. Observations of your heart rate and blood pressure will be taken during and after the procedure. This is routine. You will lie on your back with the X-ray machine positioned at either side of your head for this procedure.

A team of nurses and radiographers will assist the radiologist during the procedure.

Your skin near the point of insertion will be swabbed with antiseptic and you will be covered with sterile drapes.

Your mouth will be numbed with local anaesthetic. Once the wire has been placed through the blockage and through the duct, the plastic catheter can be placed over the guide wire.

Contrast will be used to locate the blockage. The duct will then be dilated using a balloon which can then be deflated and removed.

If there is a stone this can be retrieved with a tiny basket. All wires will be removed at the end of the procedure.

## Will it hurt?

When the local anaesthetic is injected it will sting but this will soon wear off. During the procedure, you may be aware of some pushing as the catheter is delivered to the correct position. After four hours the local anaesthetic will wear off and there will be some pain. The amount of pain will vary depending on the amount of stretching required. If you find the pain severe, you may need to be prescribed strong pain killers for a few days.

Depending on the location of the stone or narrowing, it may be suggested that sedation is to be given. This will be discussed with you before the procedure.

## How long will it take?

Every patient is different, and it is not always easy to predict; however, expect the procedure to take about an hour.

## What happens afterwards?

- You will return to the day case ward
- You will routinely use mouth washes to avoid the area getting infected
- If there are no complications, you may be able to leave the day unit immediately after the procedure
- You may be prescribed a course of antibiotics.

## Going home advice

- It is advised that you do not drink any hot fluids until the local anaesthetic has worn off to prevent being burnt
- Do not be alarmed if there is swelling and discomfort. This is normal
- Someone will need to come and collect you after your procedure as you cannot drive if you have had sedation. You will be able to drive the next day
- You will not need someone to look after you after discharge
- If you feel you may have an infection, please contact the interventional radiologist during office hours, your GP, or call **111**.

## Trainees

A Radiology trainee (qualified experienced doctors training in Radiology) or occasionally a student may be present during the examination. If you would prefer them not to attend, please let a member of Radiology staff know.

## How to contact us

If you have any personal access needs, require wheelchair access or wish to speak to a member of staff for further information please contact the interventional radiology department on 01902 307999 ext. 6344 between 08:30 and 16:30 as the department cannot help with queries outside of these hours.

### **Angiography Suite/Interventional Radiology**

Second floor Radiology A2  
New Cross Hospital  
Wolverhampton  
West Midlands  
WV10 0QP

### **Patient Advice and Liaison Service**

New Cross Hospital  
01902 695362  
Email: [rwh-tr.pals@nhs.net](mailto:rwh-tr.pals@nhs.net)

## Further information

Further information about your examination is available from: <http://www.cirse.org/index.php?pid=1066>

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。