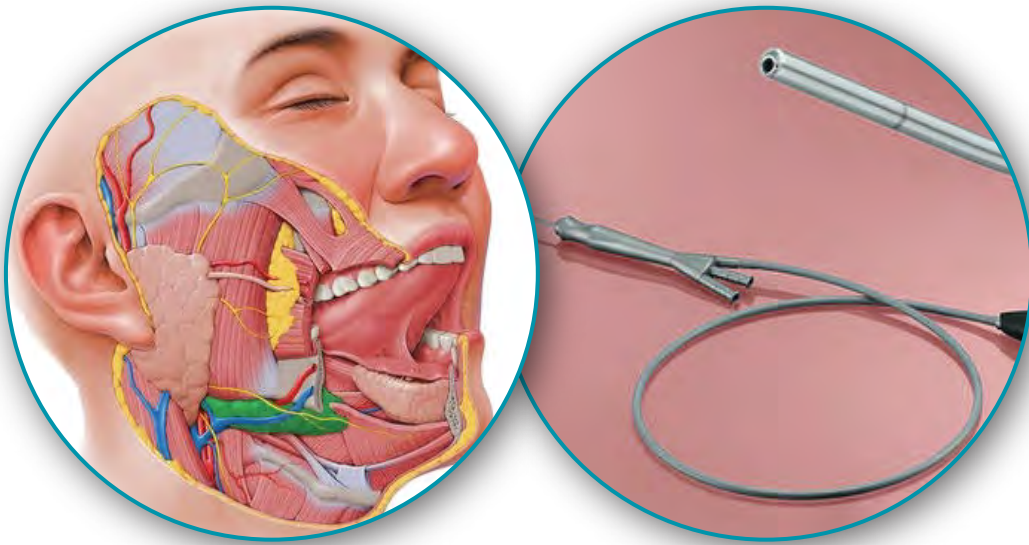




ENT CENTRAL

SIALENDOSCOPY



DR *Naveed* BASHEETH

EAR, NOSE, THROAT, HEAD & NECK, FACIAL PLASTIC SURGEON

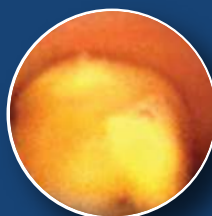


SIALENDOSCOPY

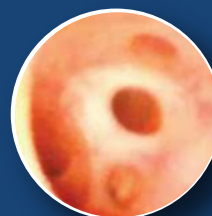
Sialendoscopy is a surgical procedure used to diagnose and treat salivary gland disorders, including the removal of salivary stones. This minimally invasive technique involves the insertion of a small telescopic tube up the duct for both diagnosis and treatment of related conditions. Any uncalcified stones, polyps, mucosal plugs, stenosis or even foreign bodies normally missed by other imaging, can be accurately assessed through this technique.



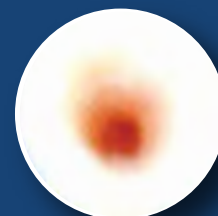
L1 floating stone
captured by a basket



L2a fixed stone

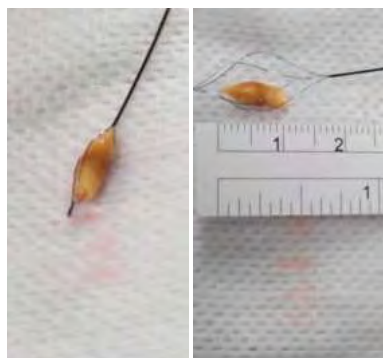


S1 stricture



S3 stricture

SALIVARY GLANDS



Intermediate sized 5-8 mm stone

The function of the salivary glands in the head and neck is to secrete saliva aiding in the functions associated with the mouth like chewing, swallowing, digesting and speaking. Among the major pairs of salivary glands, Parotid is the largest, lying below and just in front of the ears. A tube called the Stensen's Duct drains saliva from the glands into the mouth. Although 5 cm long, its diameter is only 1-2 mm and opens inside the cheek opposite the upper molars.

Lying deep in the horizontal part of the lower jaw are the Submandibular Glands; their ducts are the narrowest of all the salivary glands. They enter the mouth from two sides under the tongue at the front of the mouth.

Additionally, there are the Sublingual Glands and hundreds of minor salivary glands all along the lining of the mouth and throat with most on the lips and palate.

SALIVARY GLAND DISORDERS

Each of these glands is prone to major problems like:

1. Acute or Chronic Sialadenitis:

The inflammation of the salivary gland could be painful and could last 20 minutes for some people or up to a week or more in others. The frequency of episodes of swelling vary greatly from 2-3 times per day to once every ten years or so.

2. Sialolithiasis:

Formation of stones in the salivary glands or ducts.

3. Sialosis:

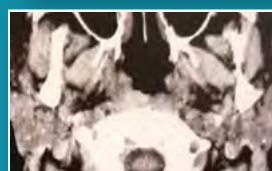
Salivary gland enlargement (with suspicion of stricture).

4. Kinks & Foreign Bodies:

Other disorders of these glands include: Juvenile Recurrent Parotitis, Auto-immune Conditions (Sjogren's, Sarcoidosis), IgG4 Sialadenitis, Radioactive Iodine-related Sialadenitis & Traumatic Ductal Injury.



A. Bilateral diffuse parotid gland enlargement.
B. Left lateral view showing left parotid gland enlargement.



Computed tomography showing intraglandular calcifications in both parotid glands.



Endoscopic view of parotid duct stenosis pre- and post- dilatation (white arrow pointing to stenosis). (Inset) 1.2 mm salivary stent used for short-term stenting after endoscopic dilatation of stenosis.



TREATMENT

A Sialendoscopist evaluates your salivary symptoms clinically and also accesses indications radiologically using Ultrasound / CT Scan / MRI Sialogram to make a diagnosis. There are two treatment approaches:

1. Conservative Management:

Oral fluids, regular massaging and/or citric food can help alleviate salivary symptoms. Most patients would require antibiotics, pain medications and even steroids for infective conditions. However, since the problem is recurrent in most cases, a Sialendoscopist's evaluation is recommended.

2. Sialendoscopy Procedure:

This involves introducing the endoscope into the salivary duct and treating the pathology specific to the patient. This treatment is performed under local or general anaesthesia; and as a day-case procedure. Multiple salivary glands can be approached in the same sitting.



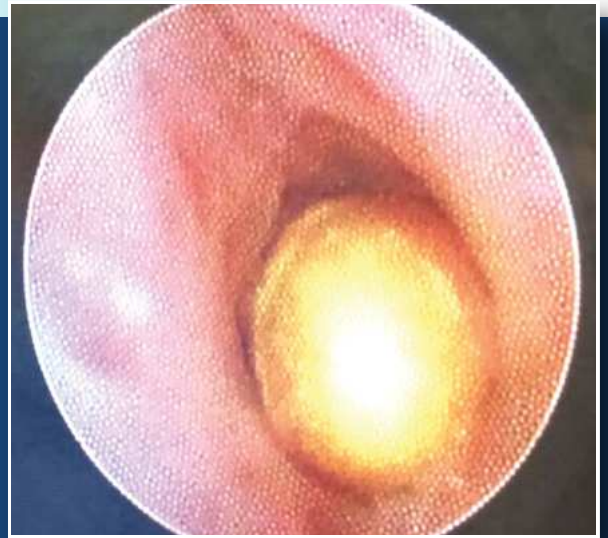
HOW IS SIALENDOSCOPY PERFORMED?

A sialendoscope can explore narrow ducts and perform advanced procedures to reestablish salivary functions effectively. As this special endoscope uses miniature working channels, it could be utilised to introduce laser fibres to break and remove stones, remove foreign bodies with miniature graspers, dilate strictures and use medications including steroids, to activate salivary functions and relieve long-term sequelae of salivary disorders.

It also enables the placement and removal of a stent in a dilated stricture, if required. A number of stones can be pulled out with a wire basket that can expand around the stone. A dilator can also help straighten out other imperfections/kinks in the glands.

The pain is minimal and you will be given analgesics. You can also consume a liquid diet on Day 1. According to given instructions, the medications can be regulated to help increase the salivary flow.

This new method prevents the need for undergoing complicated surgery to remove the salivary glands entirely, which used to be the surgical approach prior to the advent of Sialendoscopy.



BENEFITS OF SIALENDOSCOPY

Prevents complications encountered in procedures for removal of salivary glands, like nerve injury that can cause permanent weakness of the lip, damage to taste sensation in the tongue, scar or disfigurement including dent in the face

Proven effective where conservative management of salivary problems has failed

Recovery from Sialendoscopy is usually within 2-3 days

No risk of nerve damage or bleeding; normal anatomy of salivary gland and duct is preserved; no external scar

Overcomes diagnostic and therapeutic challenges

Cost-effective compared to open surgery and its related morbidities

PLUS: Dr Basheeth does advanced procedures including recreating ducts through microscopic methods and keeping the duct patent by placing a stent.

SIALENDOSCOPY AT ENT CENTRAL & CREST HOSPITAL

Dr Naveed Basheeth is a Consultant Otolaryngologist (ENT), Head & Neck, Thyroid & Parathyroid, Advanced Facial Plastics, Microvascular & Robotic Head & Neck Surgeon and Sialendoscopy Specialist. A member and alumnus of the International Sialendoscopy Society (ISIAL), Dr Basheeth is the founder of the second Sialendoscopy unit in New Zealand. With his world-class experience, Crest Hospital in Palmerston North has been providing this minimally invasive service for the past 5 years. Our experience and commitment in Palmerston North have motivated us to expand our footprint in the country through outsourcing and private services.



DR *Naveed* BASHEETH

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Fellowships:

Advanced Head and Neck Surgery (Tata Memorial, Mumbai, India and Cambridge University-Addenbrookes-UK)
Advanced Head and Neck Microvascular Reconstruction, Robotic Surgery and Advanced Facial Plastic Surgery (Dalhousie University, Halifax, NS, Canada).

ENT Central, Crest Hospital, Central Healthcare,
Palmerston North, New Zealand



REFERRAL PATHWAY

We provide Zoom consultations within two weeks of referral for out-of-town residents.
Ultrasound/CT/MRI can be undertaken in the patient's city.

Private and outsourced referrals can be sent to admin@entcentral.co.nz
For more information, please visit www.sialendoscopy.co.nz | www.drnaveedbasheeth.co.nz