

# Drooling (Sialorrhoea) Care Overview

This is not a prescriptive formula. The right combination of treatment for the right patient to improve quality of life is the goal.

## Consider Causes

Usually ineffective swallow clearance. 0.5-1.5L per day. Some drooling acceptable up to age 4. Severe drooling: risk to airway, aspiration, quality of life. Examine nasal and oral patency, head control, neuromuscular function, global development & motivation.

## Multidisciplinary Team?

Not always required in mild drooling. In complex patients: paediatrician, dentist, speech pathologist, surgeon, psychologist, social worker, etc

## Medical

Glycopyrrolate, artane (trihexyphenidyl), hyoscine patches. Side effects: thick saliva, urinary retention, dry secretions, behavioural change. Some drugs difficult to access.

## Airway Surgery Adjuncts

Adenotonsillectomy & oral/nasal surgery as an adjunct in the right patient to improve breathing and oral patency may be appropriate.

## Submandibular gland excision & parotid duct ligation

Incision through the neck. Effective for those at high risk of aspiration, Risk: scar, nerve weakness to lower lip & tongue.

## Assess Severity Drooling Impact Scale.

**Medical:** aspiration, pneumonia, oral patency, dental health, skin infection, feeding, sleep apnoea.

**Practical:** bib changes, smell, clothing, suction, soiled appliances

**Emotional & social:** effects on personal and family wellbeing

**Comorbidities:** higher risk in severe neurological impairment & others.

## Behavioural & Dental

Wrist band, dental appliances, speech & behavioural modifications, oral therapy.

## Botox

Ultrasound guided botox injection to 4 salivary glands. Safe, moderately effective, lasting up to 6 months. Small risk of botox extravasation causing short term feeding issues & aspiration.

## Submandibular duct rerouting + sublingual gland excision

Transoral procedure to reroute saliva posteriorly. Effective for those at low risk of aspiration. Risk: floor of mouth bleeding and aspiration.

## Other interventions

4-Duct ligation, laser ductal ablation, parotid duct rerouting, trans-tympanic neurectomy, etc have all been studied with variable success.

FOR MORE INFO VISIT  
THE ROYAL CHILDREN'S HOSPITAL MELBOURNE  
SALIVARY CONTROL CLINIC  
OR YOUR LOCAL PAEDIATRIC INSTITUTION  
Infographic by @DrEricLevi 2022