

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Parotidectomy

Definition

Parotid = relating to the parotid gland

-ectomy = surgical removal

This procedure involves removal of the portion of the parotid gland that is located in front of the ear. This gland is one of the salivary glands that produce saliva to moisten food as we eat. They also produce enzymes that begin the digestive process.

Purpose of Procedure

There are two reasons why this procedure is done: to remove a tumor or to treat recurrent infections.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision in front of the ear and extending down to the upper neck area. The incision is made in natural skin lines to reduce the appearance of a scar. The skin overlying the parotid gland is separated from the gland. The nerve that provides sensation to the ear usually needs to be cut during this procedure. Another nerve travels through the gland and provides movement to the face. Before the gland is removed, this nerve will be identified by your surgeon and preserved. If this procedure is being done due to a cancerous tumor, part of the nerve may need to be removed with the tumor to reduce the chances of recurrence. Most tumors in this gland are benign and cutting the nerve is not necessary. A portion of the gland that is involved with the tumor is then removed along with the tumor to reduce the chances of a recurrence. If the gland is being removed due to a tumor, it will be sent to pathology at this time to determine if it is malignant. This would require a more extensive procedure to reduce the chances of the cancer spreading. In a small percentage of cases, the entire gland may need to be removed. The entire gland is removed in cases of recurrent infections. A temporary drain is then placed at the surgical site and the incision is closed using both dissolvable and removable suture material. A surgical dressing is applied.

Post Procedure

Following this procedure pain medication will be prescribed to manage discomfort. The dressing will be changed daily until drainage is minimal. This may take two to three days. The drain is then removed and a dressing reapplied for another day. After the dressing is removed, water exposure on the site of the incision should be avoided until the sutures are removed. This will take approximately one week.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

If this procedure was done to remove a non-cancerous growth, the chances of recurrence should be minimal. If the procedure was done for chronic infection and the entire gland was removed, the infection should not reoccur. You should not notice any increased dryness of your mouth since other salivary glands remain and provide adequate moisture.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Accumulation of saliva underneath the skin
- Temporary or permanent facial weakness. Weakness of the facial muscles may be noticed for several weeks following this procedure. This should gradually improve as healing occurs. If the procedure was done for a cancerous tumor, and the cancer surrounded the nerve, then that portion of the nerve that was removed can be reconnected with a graft during the initial procedure. This will usually result in some permanent weakness of the facial muscles.
- Numbness of earlobe
- Possible perspiration over the cheek when eating

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).