

Parotidectomy

Patient Postoperative Instructions and Information

What is the parotid and what causes parotid lumps?

The parotid gland makes saliva; in fact you have 2 glands, one on each side, in front of your ears. Lumps occur in the parotid due to abnormal overgrowth of some part of the salivary glands (a parotid gland tumor).

The vast majority of these tumors are benign, which means that they are not cancerous and do not spread to other parts of the body. Rarely, malignant tumors can also affect the parotid. Your doctor will probably collect a needle sample from the lump in order to try to find out what sort of tumor you have.

Why remove the lump?

Although 80% of these lumps are benign in most cases we recommend that they be removed since they generally continue to grow and can become unsightly, and after many years a benign lump can turn malignant. Also the bigger the lump the more difficult it is to remove. Lastly, there is always some concern regarding the exact cause of the lump until it has been removed.

What is a Parotidectomy operation?

A parotidectomy is the surgical removal of part or all of the parotid gland. The operation is performed under general anesthesia, which means that you will be asleep throughout. An incision will be made which runs from in front of your ear and down into your neck. This incision heals very well indeed, in fact it is nearly the same incision, which is used in "face lift" surgery, and in time the scar is likely to be minimal.

At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood clot collecting under the skin. Most patients will require 24 - 48 hours in hospital after the operation before the drain can be removed and they can go home. Some patients may go home with that tube in place. You will need two weeks off work.

You should be called by your surgeon as soon as the lab doctor looks at your thyroid for cancer. This can take 5-7 business days or more. **Please call if you have not heard the results and it has been 7 business days since surgery.**

Possible complications

- **Facial weakness:** There is a very important nerve, the facial nerve, which passes right through the parotid gland. This makes the muscles of the face move and if it is damaged during the surgery can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after the surgery, however occasionally (about 15-20% of cases), where the tumor has been very close to the nerve, a temporary weakness of the face can occur that can last for a few weeks. In 1% of cases there is a permanent weakness of the face following this sort of surgery for benign tumors.

- **Numbness of the face and ear:** The skin of the side of the face will be numb for some weeks after the operation, and often you can expect your ear lobe to be numb permanently.
- **Blood clot:** A blood clot can collect beneath the skin (a hematoma). This occurs in about 5% of patients and it is sometimes necessary to return to the operating theatre and remove the clot and replace the drain.
- **Salivary collection:** In 2-5% of patients the cut surface of the parotid gland leaks a little saliva, in which case this can also collect under the skin. If this happens it is necessary to remove the saliva, usually just with a needle, like a blood test, although it may need to be repeated several times.
- **Frey's syndrome:** Some patients find that after this surgery their cheek can become red, flushed and sweaty whilst eating. This is because the nerve supply to the gland can regrow to supply the sweat glands of the overlying skin, instead parotid. This can usually be treated easily by the application of a roll-on antiperspirant. In some cases, this can be treated with injection of Botox.

Post Operative Instructions

Incision:

There will be no dressing on your incision. Please apply the antibiotic ointment as prescribed. You can shower and let water run over the incision 2 days after surgery. Do not rub the area. You will have sutures that will be removed 7-10 days after surgery.

Please avoid any activity that pulls across the incision, such as shaving, for at least 2 weeks. The rest of the face may be shaved.

Drain:

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then write down the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml (or 2 tablespoons) or less in a 24-hour period, the drain is ready to be taken out. If the drain is in place for 1 week it needs to be taken out no matter how much fluid drained. Call the ENT clinic to have the drain taken out.

The fluid from the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

Head of Bed:

Please raise the head of your bed 30-45 degrees or sleep in a recliner for the first 3-4 days to decrease swelling. The skin above the incision may look swollen after lying down for a few hours.

Activity:

No straining, heavy lifting, or vigorous exercise for 2 weeks after surgery.

Diet:

You may eat your regular diet after surgery.

Pain:

Your pain can be mild to moderate the first 24 – 48 hours. The pain usually lessens after that. Many patients complain more about a sore throat from the breathing tube used during surgery than about pain from the surgery itself. Your pain will get better in 1-2 days and is best treated with throat lozenges.

You may not need strong narcotic pain medication. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, morphine, etc.) This medication affects your reflexes and responses, just like alcohol.

When to Call Your Surgeon: If you have...

1. Any concerns. We would much rather that you call your surgeon than worry at home, or get into trouble.
2. Any numbness or tingling around your mouth, in your fingers or toes, or anywhere. This may be a sign of low blood calcium levels. If you have muscle cramping and or curling of your fingers or toes, this could be even more seriously low blood calcium levels. **THIS CAN BE A LIFE-THREATENING PROBLEM. You must go have your blood calcium levels drawn immediately.** You should not drive if you are having these symptoms. You need to have someone drive you to the nearest Emergency Room (ER), if possible. If you live too far away, go to a nearby ER. Have the ER staff call your surgeon after drawing your blood calcium and giving you extra calcium if needed. Bring these postoperative instructions with you to show to them. If your blood calcium gets too low, you could have seizures or your heart could stop, so you must take this seriously!
3. Fever over 101.5 degrees F.
4. Foul smelling discharge from your incision.
5. Large amount of bleeding.
6. More than expected swelling of your neck.
7. Increase warmth or redness around the incision.

8. Problems urinating.
9. Pain that continues to increase instead of decrease.
10. Choking or coughing with food or liquid.

Postoperative appointment:

You will have a postop appointment scheduled 7-10 days after surgery. During that visit, your surgeon will check your wound and vocal cords. If you don't have an appointment, please call 410 554 4455.