

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

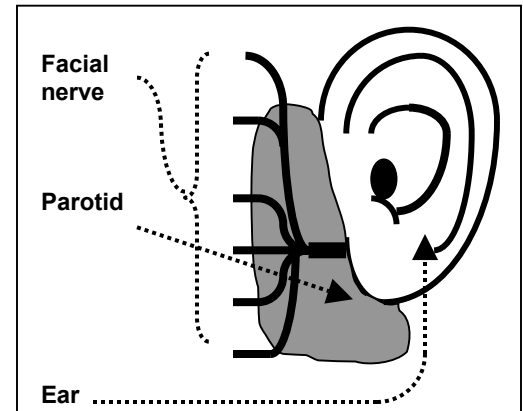
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INSTRUCTIONS AND INFORMATION FOR PAROTIDECTOMY

PLEASE, DO NOT TAKE MOTRIN, IBUPROFEN, ASPIRIN, ADVIL, NUPRIN, ALKA-SELZER, OR OTHER NON-TYLENOL CONTAINING MEDICATION FOR TWO WEEKS BEFORE SURGERY. IT WILL INCREASE THE RISK OF BLEEDING!!!

The parotid gland

This is one of the six major salivary glands that produce saliva to keep the mouth and throat moist. The parotid gland is located in front of and under the ears. The **facial nerve** is located in and runs through the gland. This nerve supplies the muscles of the face to provide facial motion, eye closure, etc. There is a parotid gland on each side of the face. The 4 other major glands are located under the lower jaw and under the tongue. There are thousands of microscopic saliva glands located in the mucous membranes of the nose, mouth, throat, esophagus, and elsewhere.



Reasons for surgery - Removal of a growth / tumor on the parotid gland - either cancerous or benign (not cancer). Most parotid tumors (about 80%) are benign and only part of the parotid gland will need to be removed. If the tumor is cancerous, normally all of the parotid gland is removed. If the whole gland is removed, the facial nerve will usually become temporarily paralyzed because of the greater amount of work done around the nerve. If cancer is actually growing into the nerve, it may be necessary to remove part or all of the facial nerve and repair it with a **nerve graft**. This involves taking a piece of nerve from elsewhere to patch or replace part of the facial nerve. For cancer, other procedures may need to be performed as well or radiation therapy or other treatment recommended as well.

What to expect with surgery

- **Incision** - The incision runs vertically just in front of the ear and is similar to a face - lift incision in this area. It then runs behind the earlobe and then curves forward below the jaw.
- **Anesthesia** - Performed under general anesthesia (patient asleep).
- **Hospital stay** - Patients normally remain overnight but sometimes can go home the day of surgery
- **Drain** - Often, a small drainage tube is placed to drain any blood or fluid that collects in the wound.
- **Pain** - Mild to moderate amount along with neck stiffness upon turning the neck.

Typical sequence of events

- **Surgery** - Will have been recommended during a regular office visit.
- **Scheduling of surgery** - Our office will telephone you to arrange a surgery date that is convenient for you.
- **Preoperative visit** - you will have a physical examination, the surgery plans will be discussed, and you will receive paperwork to process at the hospital.
- **Preoperative medical clearance** - we may need your Internist or Family Physician to evaluate you before surgery to make any recommendations about your care.
- **Outpatient surgery visit**
 - Process paperwork, have any lab tests, X-Rays, etc., done prior to surgery date.
 - Typically requires a couple of hours.
 - The anesthesiologist shall discuss anesthesia plans with you
- **Surgery & hospital stay**

- Surgery normally lasts about 2 -3 hours for removal of the superficial part of the gland - longer if the whole parotid is removed.
- Normally spend the night in the hospital after surgery - sometimes go home the same day.
- You will need someone to drive you home after surgery
- **Follow-up appointments** - We shall normally see you back in the office about 1 week after surgery. Other appointments shall then be scheduled as necessary.

Risks and complications

Although parotidectomy is relatively safe surgery, all operative procedures involve a certain amount of risk such as infection, bleeding, anesthesia reactions or even death. Complications are unusual but a partial list of the more common ones include:

- **Anesthesia** - Adverse reaction to anesthetic agents and other medications
- **Bleeding** - A small amount is normal after surgery and drain tubes placed under the skin at the time of surgery (usually removed the next day) normally prevent a collection of fluid ("seroma") or of blood ("hematoma"). Subsequent drainage of fluid might be necessary in our office or in the operating room
- **Infection** - suggested by fever, redness, increasing pain, or pus-like discharge.
- **Nerve injury**
 - **Facial nerve** - Risk of temporary or permanent injury to the nerve and paralysis of the facial muscles. If the whole gland is removed, the nerve is almost always temporarily paralyzed.
- **Greater auricular nerve** - This is a nerve which runs over the lower / back end of the parotid gland and supplies sensation to the ear and nearby areas. Some amount of numbness is typical since this nerve often must be removed. Other smaller nerves supplying sensation are in the area.
- **Frey's syndrome** - the nerves that stimulate the parotid to produce saliva may grow into the skin after surgery. They can stimulate sweating in this skin area when a patient eats.
- **Scarring** - Unfavorable healing of incisions may occur
- **Neck structures** - there are many important blood vessels, nerves, voice / airway, swallowing, and other structures all located in the neck. *Although unlikely*, there is the possibility of injury to nearby structures.

What to expect after surgery

- **Pain** - generally well controlled with pain medication.
- **Swelling and bruising** - normal after surgery. Elevating the head and neck reduces this.
- **Activity** - Rest at first. Do not drive right after since it is uncomfortable to turn your head after surgery. Do not drive while taking narcotic pain medication. Avoid heavy lifting for 2 - 3 weeks.
- **Work** - Plan on being at home for about 1 week, depending on your line of work.
- **Diet** - normal; no restrictions
- **Incision care** - keep incision dry 24 hours after surgery / drain removed. Apply antibiotic ointment 4 times daily to incision for 10 days. Clean crusting with Q - tip and peroxide.

Thank you again for the opportunity to participate in your health care! Please let us know if we can answer any further questions or how we may make your surgical experience more pleasant!

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