

Upper Cape Ear, Nose & Throat, PC

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PAROTIDECTOMY

Purpose

The parotid gland is a large salivary gland that sits just in front of the ear. The saliva it produces flows through a duct in the cheek and empties into the mouth. Parotidectomy is an operation to remove all or part of the parotid gland. It is most commonly done to remove tumors of the parotid gland. Most tumors of the parotid gland are benign, but because a small number are malignant it is recommended that all parotid tumors be removed. It is also done to remove chronically infected or obstructed glands. This can be a source of ongoing pain and facial swelling.

Procedure

Parotidectomy is an operation done in a hospital under general anesthesia. An incision is made in front of the ear and brought down onto the neck. The facial nerve is then carefully identified and protected during the procedure. If the tumor lies in the outer part of the gland, only the outer part needs to be removed. This is called a superficial parotidectomy. It is still necessary to identify and preserve the facial nerve during a superficial parotidectomy. If the tumor is in the deep part of the gland it may be necessary to remove the entire gland. This is called a total parotidectomy.

At the conclusion of the procedure a drain will be placed. This drain remains in place usually for 24 to 48 hours. A wrap is placed around the face and the patient goes to the recovery room. Most patients stay one to two days in the hospital after their procedure. Once the drain is removed most patients are discharged.

Recovery

Most patients will miss one to two weeks of work after the surgery. There will be some pain and you will have a prescription for a narcotic to minimize discomfort. You should be able to resume a normal diet almost immediately after the surgery. You will need to take it easy for the first week after the surgery and refrain from bending, lifting and straining. You should keep your head elevated to minimize swelling.

The incision should be kept dry until the stitches are removed. The wound should be gently cleansed with peroxide two times a day. After cleaning with the peroxide a light coating of antibiotic ointment should be applied (Neosporin, Polysporin, etc.). You will be seen one week after the operation for removal of your sutures. The nerves that supply sensation to the ear are cut during the incision. It is normal for the ear to be numb after the surgery. These nerves will regenerate slowly, if at all. Some sensation may gradually return over several months.

The incision for your surgery will be planned in a manner to minimize scarring. The incision on the face is made in the crease in front of the ear, and then into a neck crease. The incision will be carefully sewn up at the end of your surgery. The incision will be noticeable initially, but as the months go by it should settle down to a fine white line that hides very

nicely. It is important to minimize sun exposure to the incision during the first year to minimize scarring. There will be some loss of bulk due to removal of the gland tissue. This will create some asymmetry to the face.

Risks and Complications

The nerve that moves the face travels right through the middle of the parotid gland. This nerve is identified and every effort made to protect it during the procedure. It is still possible for the nerve to be weak after the operation. The branch that moves the lower lip is very often weak after the surgery. This weakness is almost always temporary. Permanent facial nerve weakness or paralysis is rare, but possible. If a malignant tumor is invading the facial nerve it may be necessary to cut the nerve to remove the tumor. This would result in permanent problems with facial paralysis.

The cut surface of the parotid gland will continue to produce saliva. This saliva may accumulate under the skin, or leak from part of the incision. If the saliva accumulates under the skin it may be necessary to aspirate the collection and apply a pressure bandage to prevent re-accumulation. A pressure dressing will be used if there is a problem with drainage from the incision line.

About 10 % of patients will experience Frey's Syndrome after a Parotidectomy. In this condition the nerves which used to go to the parotid gland try to grow back but attach themselves to the sweat glands in the skin. When the brain tells the gland to produce saliva, the nerves stimulate sweating in the skin in front of the ear. This problem can be treated by using medication on the skin or by surgery to place tissue between the regenerating nerves and the skin.

Despite the care used in planning the incision and in sewing it up it is still possible to have undesirable scarring after parotid surgery. If you are dissatisfied with your incision after it has healed fully, it is possible to do a scar revision. Due to the care taken with the incision, very few patients wind up with an undesirable scar.

The purpose of the surgery is usually to remove a tumor. It is possible for a parotid tumor to recur, but this is uncommon.

Most patients will have a numb ear, but the sensation will eventually return. In rare instances the sensation may not return and the ear may remain numb permanently. Bleeding and infection are possible, as with any surgery. There is not a high incidence of either of these complications with this type of surgery.

I have read and understand this form, and accept the risks and complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.

Witness

Patient Signature

Date