

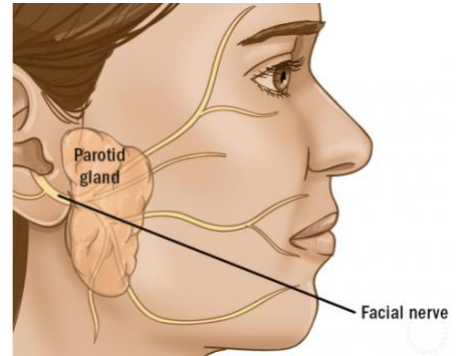
Parotidectomy

Patient Postoperative Instructions and Information

Dr. Devin Piccott

Parotid Gland:

The parotid gland is located in front of your ear, in your cheek. It makes saliva (spit), which drains into an opening inside your mouth. Saliva helps with chewing and swallowing.



Parotidectomy:

You require your parotid gland to be removed due to a growth (tumor). Most tumors in the parotid gland are not due to cancer. Parotid surgery involves taking out the tumor along with some normal tissue to ensure the tumor does not come back.

The surgery starts with a cut through the skin. The exact site varies, so you may ask me to show you where I will place the incision. The next step in surgery is to find a nerve that passes directly through the middle of the parotid gland. This nerve is called the facial nerve and it moves all the muscles of facial expression on that side. All branches are carefully traced out and preserved. The tumor is then removed with a cuff of normal gland. Surgery usually takes 2-3 hours.

About one in three patients (one-third of patients) will have some short-term weakness of their face after this surgery. This may mean trouble raising your eyebrow, closing your eye, moving your lip, or flaring a nostril. Most patients will slowly get better in 1 to 6 months. One in ten (10%) patients will have permanent weakness of some of their facial muscles after this surgery.

There is a sensory nerve, called the great auricular nerve, which may have to be cut during surgery. Your earlobe and surrounding skin on that side will feel numb after surgery. This will last a several months to a year. Other nerves grow in from nearby nerves to give sensation to that area of skin.

The nerve that controls the saliva flow from your parotid gland will occasionally sprout new connections to the sweat glands in your cheek. This is uncommon but it can lead to sweating in the cheek area when eating (Frey's Syndrome). Very few people notice this, and it is very rare to be bothered by it. There are medications which can be used to treat this if it occurs.

There is always some parotid tissue left in your cheek after surgery. Occasionally it will continue to secrete saliva which has no place to go, leading to swelling and fluid accumulation under the skin. This will eventually stop on its own, but it can take up to 6 weeks needing visits once or twice a week to drain off the fluid.

Given that a tumor and some normal parotid gland is being removed, expect a small depression on that side of your face.

Occasionally patients are discharged home from the recovery room after surgery. Most patients stay in hospital overnight and go home the next day.

Post-Operative Instructions

Incision/Cleaning:

Please keep your incision dry for 3 days. After that you may shower and pat the incision dry. Apply a thin film of an ointment such as Polysporin or Vaseline. Please do this 2 times a day. Do not shave until your sutures have been removed. Your staples and/or stitches will be removed 7-10 days after surgery at your postoperative appointment in the ENT clinic.

Drain:

In some instances, there may be a drain placed in the wound. This will likely be removed before you go home. Occasionally patients go home with a drain. Instructions on how to manage the drain will be given prior to discharge. After your drain is removed, the drain site may drain some fluid for a few days which you can keep covered with a gauze bandage.

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 lessen swelling. The skin above the incision may look swollen after lying down for a few hours.

Activity:

Please avoid any activity that raises your blood pressure for two weeks. Activities that can raise your blood pressure are heavy lifting and hard exercise. Light activities such as walking is recommended.

Diet:

To reduce excessive salivation after surgery, consider a bland diet without citrus fruit or sour foods, coffee, or spices. The blander the diet is, the better. A good example of bland would be some turkey or chicken and plain potatoes, or a salad without fruit or salad dressing. If your lip "pucker" muscles are weak, you may drool slightly when drinking.

Eye closure:

Please inform me if you are unable to close your eyelid after surgery. I will check after the operation, but occasionally there is a delay in the muscles becoming weak. If you cannot fully and easily close your eyelid, use moisturizing drops (Natural Tears) frequently and use an eye ointment (Lacrilube) at night. Tape your eyelid shut to sleep. If your eyelid cannot close, it's incredibly important to follow these instructions. Please inform me if you cannot close your eye completely after surgery.

Pain:

Pain is usually mild to moderate for the first 24 to 48 hours. Then it will decrease. You may initially need a strong pain medication. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your pain medication to avoid constipation. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Start at a lower dose of pain medication and increase the dose only if the pain remains uncontrolled. Icing your incisions, 20 mins on/off can also provide pain relief.

Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, morphine), **or Tramacet which contains Tramadol** These drugs affect your reflexes and responses, just like alcohol.

Driving:

Do not drive a vehicle for 7-10 days because it will be difficult to move your neck. You may return to driving once you have ability to complete a normal head turn/shoulder check without limitation.

Return to work:

If you need a note for work, please let me know.

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

1. Any concerns. We would much rather that you call your surgeon then worry at home or get into trouble.
2. Fever over 39 degrees C or 101.5 degrees F.
3. Foul smelling discharge from your incision.
4. Large amount of bleeding
5. More than expected swelling of your neck and/or cheek.
6. Increase warmth or redness around the incision.
7. Pain that continues to increase instead of decrease.
8. If you have trouble breathing or chest pain. Don't call. Go to the nearest emergency right away.

How to Call Your Surgeon:

1. If it is urgent, call 911 or go directly to the emergency room without calling.
2. If it is not urgent, during clinic hours of 8 am to 4 pm, call 306-559-3410.
Messages will be checked frequently, and my office will return your call.

Postoperative appointment:

If you have stitches or staples, you will need to have them taken out at your postoperative visit 7-10 days after surgery. **If this appointment has not been made for you, please call the ENT front desk at 902 435 8690.**