



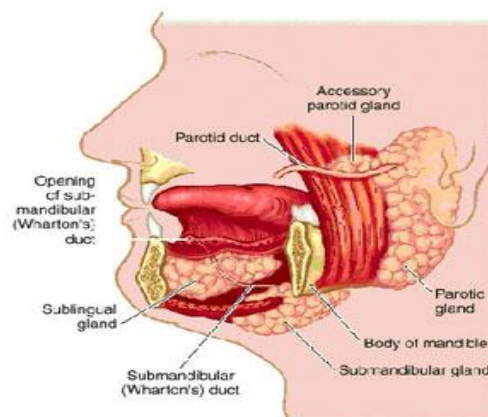
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Parotidectomy

Patient Information Guide

The Parotid Gland is the largest of the salivary glands. Saliva is produced to help lubricate our food for chewing.

A Parotidectomy is surgery to remove all or part of the parotid Gland and is performed for several reasons. Commonly surgery is done to remove either benign or malignant tumours.



The Surgery

The operation is performed under a general anaesthetic and takes usually between 2 to 4 hours to complete. It involves an incision in front of the ear lobe which then curves in to the neck. Skin flaps are elevated and the facial nerve, which is the main nerve that moves one side of the face is isolated. The tumour is then dissected with a cuff of normal tissue around it, preserving the nerve. The wound is closed with sutures and there is usually a drain put in place to remove any excessive blood in the post operative period.

Risks of Surgery

Anaesthetic - In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely. Your anaesthetist will discuss the risks involved for you and your procedure.

Pain: This is usually mild and controlled with simple analgesics.

Bleeding/Hematoma - This may occur in the immediate post operative period and may require return to the operating room to be controlled.

Facial Nerve injury - The risk of injury to the facial nerve is about 1 %. This may be temporary and may take several months to recover and on occasion may be permanent.

Seroma formation - This is collection of saliva under the skin and may happen after discharge from the hospital. It may on occasion require treatment in the form of aspiration to remove the excess saliva.

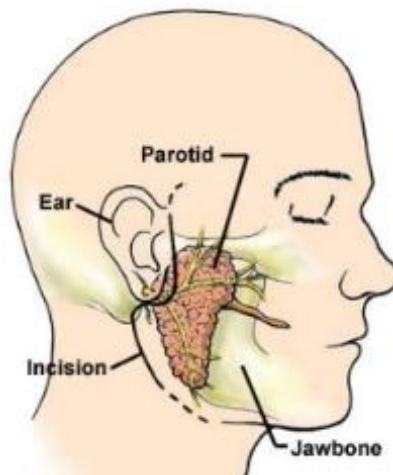
Numbness - of the ear lobe may occur. This may be temporary or permanent.

Freys Syndrome - This is excessive sweating of the face in front of the ear lobe and is due to nerve endings supplying your parotid gland stimulating the sweat glands. It is usually mild and well tolerated by most patients but on occasion can be severe requiring treatment.

Infection of the wound can occur in the first 2 weeks after surgery and may require a dressing and antibiotics

Preparing for surgery

Your doctor will discuss the options for you to treat your condition. Always tell your ENT specialist any medical history and allergies or reactions to medications. Inform your doctor of any medicines you take including herbal or natural supplements like vitamins. PLEASE INFORM YOUR DOCTOR OF ANY HISTORY (OR FAMILY HISTORY) OF BLEEDING DISORDERS.



Your doctor will assess you and arrange any necessary diagnostic tests prior to the procedure. This may include a CT (Computerised Tomography) of the head, neck and chest and/or a PET (Positron Emission Tomography) scan. These tests, if applicable, need to be arranged prior to the surgery date and all scans must be brought with you to all appointments.

Please ensure you have had all tests done prior to your admission date to avoid being cancelled on the day of surgery. If you have any difficulties in arranging the tests please contact our main rooms on 03 9768 9331.

Things to avoid 2 weeks before surgery

- Aspirin/ plavix/ warfarin – *discuss stopping these with your doctor first*
- Anti inflammatory medication eg: nurofen, celebrex
- Fish oil, glucosamine, garlic

It is advisable to stop smoking for this procedure to reduce the risk of complications with an anaesthetic.

If you become unwell or have any inquiries regarding your surgical procedure please contact **our main rooms on 03 9768 9331 or after hours present to your nearest emergency department.**

What to bring into Hospital

-Bring in a change of clothes/ night attire and personal toiletries you may require whilst you are in hospital.

-Ensure that all jewellery/piercings/ nail polish/ makeup is removed prior to your admission.

-Please do not bring any valuables with you as the hospital does not take any responsibility for them.

After surgery

After the operation you will be transferred to the recovery room and then to the ward. You will wake up with a wound to your neck closed with clips or sutures which will be removed approximately 1 – 2 weeks after surgery in your review appointment or by your local doctor. You may have a drain tube in place to gather any excess bleeding. This will be removed on the ward once the fluid stops draining. You will be nursed in an upright position of 45 degrees to help fluid drainage not collecting in and around the wound or under the skin. You may be required to remain in hospital for 3 – 5 days. A sample of the tissue taken from the surgery will be sent to a pathologist to review under a microscope. The findings will be discussed with you at your review appointment. Discharge time is usually 10am from the ward You will require a family member or friend to escort you home. It is recommended that you have someone care for you for 24 hours at home.

After care

Your doctor will tell you when you can return to normal duties – this is usually in weeks. This is to avoid an infection that could lead to bleeding. It is important to rest for the first week at home and then introduce gentle activity. Your doctor will advise you when you will be required to return for a review on discharge.

Recovery

- Avoid hot and spicy foods or drinks
- Avoid hot showers and saunas for 3 days
- Avoid strenuous activity, heavy lifting, sport for 2 weeks to give the body the best chance to recover
- Keep the wound clean and dry. You may shower as normal. Try to protect the wound from water for the first week.

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