



CommunityENT

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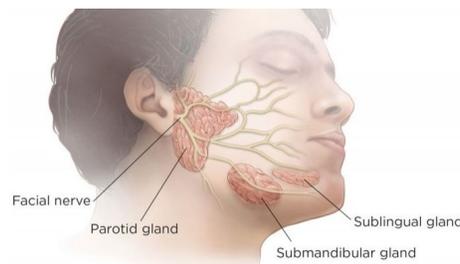
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Parotidectomy Post Operative Instructions

What is the parotid gland?

The parotid glands are a pair of salivary glands that sit just in front of both your ears on either side of your face. Saliva drains through a tube from the gland to the inside of your mouth. The parotid gland is usually removed for masses in the gland. Typically these masses are benign, but can keep growing, often surgical removal is recommended.



What happens during surgery?

The parotid gland is removed under general anesthesia. The surgeon will make an incision that travels from the front of your ear, behind it and down onto the neck. This incision is mostly commonly called a “Modified Blair” or “facelift” incision.

The facial nerve travels through the parotid gland. During the surgery, nerve monitoring is typically used to protect the facial nerve. This surgery tends to be lengthy and tedious. Once the gland is removed, the incision is closed with sutures. These sutures sometimes need to be removed 7-10 days after surgery. Occasionally a small drain is placed in the wound to collect any blood, the drain is usually removed

within 24 hours of surgery. This procedure takes 2-3 hours and usually a patient goes home a few hours after surgery

What are the possible complications?

Bleeding and Infection are possible with any surgery

Sometimes saliva can leak out of a wound, this is called a salivary fistula. Typically with time, this resolves. Dry mouth can happen, however you have several salivary glands and usually most people do not notice any decrease in saliva. You can also get a collection of saliva under the skin. If this happens, typically the saliva has to be drained off the skin and sometimes the wound reopened.

Nerve damage is the most important complication. The facial nerve has several branches and any branch can be damaged during this operation. That could cause temporary or permanent paralysis of some of the muscles that move your face. This paralysis could cause: trouble closing your eye, wrinkling your nose, raising your eyebrows, an asymmetrical smile or crooked smile. If one of these nerves is damaged, it can cause temporary or permanent deficits. Approximately 30% of patients will have some weakness. Every effort is made to try to preserve these branches, but sometimes the branches may need to be sacrificed in the case of a cancerous tumor.

If your eye will not shut, there is risk to the dryness of the cornea of the eye. Artificial tears and ointment might be necessary. The eyelid may need to be taped shut at night for sleep.

Another possible complication is commonly referred to as “crocodile tears” or “gustatory sweating” the nerves that link the salivary producing areas to the parotid sometimes link up with the nerves that control sweating of the skin. This can cause facial sweating during meals.

What can I expect after surgery?

Most patients can go home after surgery with pain medicine. The incision is typically swollen and tender. Face and throat pain are common in the first 2 weeks after surgery. Usually the scar heals well and is barely visible over time. Drains will be removed usually 1-3 days after surgery.

What to do at home

Keep the wound dry the first week after surgery. Depending on your occupation, you may need a few days off work. No strenuous activity for the first 2 weeks. A soft, non-chewy bland diet is recommended for the first few days, then you can advance to a regular diet. You should avoid sour, tart or spicy foods.

When do you follow-up?

Follow-up is typically 7-10 days after surgery

When should I call my doctor?

If you have rapid swelling or increase in redness around the incision. If you have persistent bleeding or mucus draining from the incision. If you have increased pain or tenderness in your jaw or face.

If you have any side effects to medications: rash, nausea, vomiting, constipation or headache or a temperature over 100.5

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Source: Cancer Care. Memorial Sloan Kettering. Accessed 7/7/2020

<https://www.mskcc.org/cancer-care/types/salivary-gland/salivary-glands-anatomy>