

PAROTIDECTOMY

General information: The parotid glands are the largest of 3 major salivary glands. They secrete saliva into the mouth for chewing, swallowing and to begin the digestion of starches in food. It also helps to clean the mouth and keep it moist. The parotid salivary gland is situated in the cheek, immediately in front of and below the ear. A parotid gland can be difficult to remove due to its closeness to the facial nerve, an important nerve that supplies the muscles on each side of the face.

Treatment: The recommended treatment is usually surgery to remove the affected salivary gland. If the tumour is noncancerous (benign), no other treatment is usually needed. Surgery on the parotid gland usually helps maintain the function of the facial nerve, which controls the muscles of the face. Radiation therapy or extensive surgery may be required if the tumour is cancerous.

Possible complications of parotid removal: Cancerous tumours may cause further complications which may require further surgery or treatment. Rarely, surgery to the tumour can injure the facial nerve which runs through the parotid gland, which can lead to paralysis of the facial muscles, ranging from poor lip movement or failure of the eye to close, through to complete drooping of one side of the face. These injuries are often temporary. Infection of the wound may possibly occur, and antibiotics will be given if necessary. The ear may often feel numb after surgery but this will resolve by itself.

Surgery explained: The surgery is performed under general anaesthesia and may take anywhere from 90 minutes to over 3 hours, depending on the location of the mass. Where the mass is located relative to the facial nerve also determines how extensive the surgery will be. You may be able to go home the same day or stay overnight after surgery. The sutures will dissolve by themselves within a week or so.

Post-surgery: Pain around the area will be mild and can be managed with pain medication. You are able to eat whatever you want but cannot exercise or do any heavy lifting for the first 1-2 weeks after surgery. A common concern patients express about this surgery is whether this will affect their salivary production, and the answer is no.

Wound care: Do not wash or manipulate the neck wound for 48 hours following the surgery (except to apply ointment).

Dear Doctor,

Some abnormal side effects that require immediate medical treatment may include:

- Temperature higher than 38°C or chills
- Severe pain, redness or swelling
- Sudden bleeding from the wound, or persistent and worsening pain
- Nausea or vomiting

To prevent nausea post-anaesthesia, give the patient liquids only. If this is well tolerated, they can move onto solid foods.

The most significant complication that could arise is facial nerve involvement. Some symptoms of this may be poor lip movement or failure of the eye to close, through to complete drooping of one side of the face. The patient may require artificial tears to protect the eye if the lid is not closing properly. Signs of facial nerve paresis difficulty smiling, winking, or drinking fluids. There is no need to be alarmed. Facial nerve weakness usually recovers within 3 months.

neck dressing (if applied) will be removed on the morning following your surgery. Please take a moment to look at the wound in the mirror prior to your discharge from the hospital. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery.

Follow-up: Generally your follow-up will consist of:

- A post-operative visit 2-3 weeks' after the surgery
- A follow up visit approximately 3 months after the surgery

If you have any problems following your salivary gland surgery, please contact your local GP or specialist.

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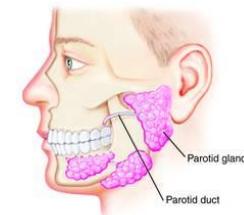
ENDOCRINE SURGICAL UNIT

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Information and postoperative guide for patients

Royal North Shore Hospital
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Sydney Adventist Hospital
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