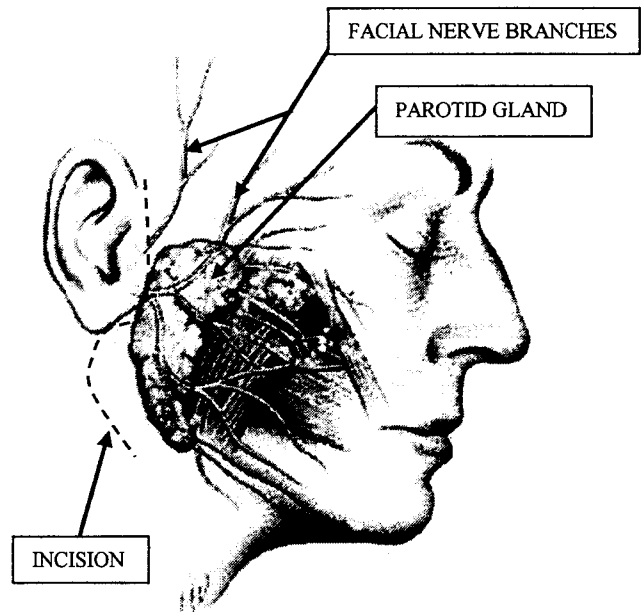


Parotid Gland Surgery

What is the parotid gland?

The parotid gland is located in front of the ear and extends below the earlobe. It produces saliva in response to signals from the brain, usually when we think of food or sit down for a meal. Saliva drains into the mouth through a duct opening inside the cheek adjacent to the molar teeth. The facial nerve and its branches pass through the parotid gland and control movement of the face.



What are parotid gland nodules?

Some people develop lumps or nodules in the parotid glands. They may appear gradually or very rapidly. A doctor should evaluate all parotid nodules. Most parotid nodules are benign growths, however, some are malignant. Most parotid nodules are diagnosed with a needle biopsy which samples the abnormal tissue. In addition, a CT scan or an MRI is often used to determine the depth of the nodule. Patients who have had radiation therapy to the head or neck for acne, adenoids, cancer, or other reasons are more prone to develop parotid cancers.

When is parotid gland surgery necessary?

If the needle biopsy is suspicious for cancer, then parotid surgery is required to make a definitive diagnosis and to treat the tumor. Benign (non-cancerous) tumors of the parotid gland usually require surgical excision because they tend to grow steadily causing progressive deformity as well as potential functional problems. Benign parotid gland cysts can often be observed without surgery unless they cause pain or continue to enlarge.

How is parotid gland surgery done?

Parotid gland surgery is done in the operating room (OR) under general anesthesia. In the Pre-Op area, the anesthesiologist will talk to you about the anesthesia and answer any questions you may have. You will receive an antibiotic through an IV before being brought into the OR.

Once in the OR, you will receive medications through the IV to put you to sleep. The anesthesiologist will then place a tube through your mouth into your airway to help you breathe during the surgery. An incision is made just in front of the ear, extending under the ear lobe and then curving forward in the neck below the jaw. The parotid gland is exposed under the skin. The main trunk of the facial nerve is found deep along the posterior edge of the gland. This nerve is then followed forward and each of its branches are followed and separated from the overlying, superficial parotid tissue. The tumor and the superficial parotid tissue are removed. If the tumor involves the deeper parotid tissue, this also has to be separated from the facial nerve branches. A drain is left under the skin and brought out behind the ear. The incision is then carefully closed. A pressure dressing may also be placed over the area of the parotid gland and

ear. You will then be allowed to wake and will be taken to the recovery room. Surgery can take two to three hours depending on the extent of the surgery.

After surgery, the drain prevents fluid from collecting under the skin. The drain is removed when the fluid drainage decreases. Most patients are observed overnight in the hospital and are discharged the day after surgery. Some patients go home with the drain in place which is then removed in the clinic a few days later. Patients are advised to sleep with the head up during the first week to reduce swelling from the surgery. It is important to take all prescribed antibiotics. Most patients require prescription pain medication such as Vicodin or Tylenol with Codeine, but over-the-counter Tylenol is often enough for moderate pain. Patients are advised to not lift any heavy objects the first two weeks after surgery. Most patients do not have difficulty swallowing after surgery, but sour/tart foods and foods that require significant chewing should be avoided for two weeks.

Most patients are seen back in the clinic one week after surgery for removal of sutures and review of the final pathology. Most patients return to work or school one week after surgery.

What signs of trouble should I look for after surgery?

Contact your surgeon if any of the following occur after discharge from the hospital:

- **Bleeding:** increasing, painful swelling and bruising under the incision suggest blood is collecting under the skin.
- **Fever:** a fever persisting above 38.3° C, or 101° F.
- **Signs of infection:**
 - an increase in pain, redness or swelling at the incision
 - a yellow or green discharge from the incision
- **Nausea:** any persisting nausea.

What are the risks of parotid gland surgery?

Significant problems following parotid gland surgery are unusual, but there are some risks. Risks include ear and skin numbness, infection, bleeding, hematoma, prominent scar formation, facial nerve injury with temporary or permanent facial weakness or paralysis, and recurrent growth of either benign or malignant tumors. Serious bleeding requiring blood transfusion is rare, but can occur. Removal of the parotid gland does cause a visible decrease in the volume of the cheek in front of the ear, resulting in a depression which usually becomes less prominent over six months. Some patients experience gustatory sweating (bothersome sweating of the cheek when eating) after surgery of the parotid gland. Your anesthesiologist will discuss the risks of the general anesthesia.

I have read the information about parotid gland surgery, including risks of parotid gland surgery, and have been given a copy of this information sheet.

(Patient/parent signature) X _____

(Print name) _____

Date: _____