

PAROTIDECTOMY

Parotidectomy is done under general anesthesia through an incision that courses just in front of the ear and into the neck. This incision heals well with minor scarring and provides safe access to identify the facial nerve and remove all tumor tissue. The incision is usually closed with absorbable sutures that are do not need to be removed after surgery. A drain may also placed which exits the wound behind the ear. This is removed in clinic 1-7 days after surgery. Patients are sometimes admitted into the hospital for an overnight stay to ensure safe post-operative management.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at any time. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Make arrangements for a ride home after surgery.

PAIN: Pain can be mild to moderate for the first 24-48 hours after surgery, and usually declines thereafter. The skin around the surgery area is usually numb after the surgery, reducing the pain. Take the pain medications as directed by your physician.

WOUND CARE: Apply antibiotic ointment to the wound 2-3 times a day. Empty the drain bulb at least 3 times each day (and every time it fills) and record the output. After 48 hours you may wash the wound in the shower with soap and water and gently dry the area and apply antibiotic ointment (Bacitracin). Your ear and cheek may be numb for several months after surgery, and possibly permanently. Three weeks after surgery, you may begin to massage the wound using vitamin E or aloe containing lotion and oil. This will soften the scar over time.

EATING: Expect to eat a liquid or soft diet for the first few days after surgery. Chewing may be uncomfortable due to irritation of the masseter muscle that lies below the parotid gland and the cheek. Chewing on the opposite side will help.

EYE CARE: The nerve controlling the closure or blink of the eye may be weak for several weeks to months after surgery. If the blink is slow or eye closure is incomplete, then the cornea may dry out or become infected. This can lead to scarring and possibly blindness. Applying a thin film of Lacrilube to the eye when it feels dry or itchy will keep the eye moistened. This should be applied at least 3 times a day and whenever your eye feels dry. Artificial tears are helpful during the day, every hour or two. Always wear glasses or sunglasses when outside. Taping the eye shut at night is often helpful, but take care to never let the tape touch the eyeball.

ACTIVITY: Avoid all strenuous activities, e.g. heavy lifting, sports, etc., for at least 2-3 weeks following surgery.

GENERAL INFORMATION AFTER SURGERY • DO NOT drive, make important decisions, use power tools, drink alcohol, tend children, or climb ladders for the first day or two after surgery. Your judgment or alertness is probably seriously impaired. • Fainting or lightheadedness may occur. Use caution and move slowly when getting up from a bed or chair. • Avoid strenuous activities or lifting any object heavier than

20 pounds for the next 2-3 weeks. Avoid bending at the waist as much as possible. These may contribute to bleeding. • Call our office with any questions or concerns. • In case of emergency go to the nearest Emergency Room or call 911.

WHEN TO CALL THE DOCTOR:

Excessive bleeding or swelling from the incision. Signs of dehydration – dry chapped lips, dry mouth. Any vision changes, blindness, vision decrease or eye pain. Uncontrolled or worsening pain at the incision.

RISKS of Surgery: Bleeding—please do not take aspirin or Motrin (Advil or Ibuprofen) for one week before or one week after surgery. Infection leading to skin loss. Facial nerve injury, with temporary or permanent facial weakness or paralysis of all or part of the face. Permanent paralysis would require further surgeries. Dyskinesia (inappropriate motion of the facial muscles) may occur if nerve function returns. Depression on side of face where the parotid gland used to be. Numbness of ear and neck on side of surgical procedure—most people have this at least on the lower ear.

Frey's syndrome—sweating on the face when eating which is usually not noticed until about a year after surgery. Every patient gets at least a small amount of this. It typically increases over many years. It may not be noticeable or it may be very bothersome and need further treatment.

Salivary fistula—leak of saliva to skin. Seroma—fluid collection under the skin, which may require drainage. Return or incomplete removal of the tumor. Damage to the eye with permanent visual loss or blindness if the eye is not protected or if the facial muscles are weak or paralyzed.

FOLLOW UP APPOINTMENTS ARE IMPORTANT. Please schedule your follow up appointment for one week from your surgery (three days after surgery if you have a drain). This is usually done at the time of your surgery scheduling or at your pre-operative appointment. If it was not please call to schedule or have them schedule when you are in the hospital recovering from your surgery.