



Parotidectomy

Parotidectomy is a surgical operation to remove a large salivary gland (the parotid gland) located in front of the ear and slightly below it. The most common reason for surgery on the parotid gland is to remove a growth. Much more rarely, it is removed because of recurring infections. Most parotid growths (80%) are benign; the rest (20%) are cancerous. Prior to surgery, you may undergo a variety of testing to help characterize the growth. This could include a needle biopsy or a special study such as a CT or MRI scan.

The procedure is usually done under general anesthesia with you completely asleep. The surgeon often determines the amount of parotid gland to remove at the time of surgery based on the size and location of the growth. The extent of surgery may also depend on a pathologist's assessment of the tissue, which occurs during surgery while you are asleep.

General risks of surgery apply to parotid surgery, including complications relating to anesthesia, bleeding, infection and scarring. Parotid surgery also has specific risks inherent to it. Most importantly, the nerve that controls motion to the face (the facial nerve) runs through the parotid gland. This nerve is important in closing the eyes, wrinkling the nose and moving the lips. Most often, the surgeon can remove the parotid gland without permanent damage to the nerve. However, the size and position of the diseased tissue may require that the nerve or small branches of the nerve be cut to ensure complete removal. Even if the nerve is not permanently injured, the facial muscles may have decreased motion as the nerve recovers from the surgical procedure. If your facial motion does not fully return, there are ways to rehabilitate facial movement.

Post-Operative Instructions & Information

You may notice some other things after surgery. These are not really complications but more side effects from this type of surgery. Many patients experience numbness of the earlobe and outer edge of the ear after parotid surgery. This generally improves after several months. Also, there may be pain when opening the mouth, especially early in the morning (called First Bite Syndrome). This generally resolves slowly over time. Some patients also observe that the cheek skin seems to sweat while eating ("gustatory sweating"). Most often, this goes essentially unnoticed; however, if it should become bothersome, medication and sometimes surgery are available to counteract it. Very rarely, a salivary fistula may occur, with saliva draining from a small opening in the incision.

We discharge most patients to go home on the day of surgery. The surgeon closes the incision with sutures and typically places a surgical drain to help minimize fluid from accumulating

under the skin. Nurses will teach you how to take care of the drain while it is in place, which is generally two to five days in duration. While the drain is in place, avoid getting the area wet in the shower. You can take a sponge bath in the meantime, but we don't want to let unsterile water contaminate the surgical area. Sutures are generally removed in the office about seven days after surgery.

It is important to not exercise or do any rigorous activity for 10 days after surgery to minimize the risk of swelling, bleeding and unsightly scarring. In the weeks after surgery, keep the incision moist with Vaseline or Dr. Rogers Restore ointment (our favorite, available on Amazon). Also, minimize sun exposure to the scar for several months to optimize healing.