Follow-up appointment

You will be reviewed by your surgeon usually in the outpatient department one week after your surgery to have the stitches removed, and then a week later to get the results.

Are there any alternatives to surgery?

There may be non-surgical option for treatment depending on your diagnosis. You should discuss this with your consultant.

Useful Telephone Numbers

- ENT Department, Lister Hospital
 C 01438 314333, Ext. 5113 / 4118
- ENT Admission Office (waiting list)
 ①1438 286836 or 01438 286835
- ENT Nurse Specialist (Monday to Friday, 9am 5pm)
 ①1438 314333, bleep 1028
 Mobile: 0778 534 3359 or 0787 639 0290

In an emergency, dial 999 and request an ambulance or attend your nearest Emergency Department.

NHS 111 can help if you have an urgent medical problem and you're not sure what to do. It is available 24 hours a day, 7 days a week. ☎ 111

Useful ENT website: www.entuk.org

www.enherts-tr.nhs.uk

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East and North Hertfordshire

Patient Information

Superficial Parotidectomy

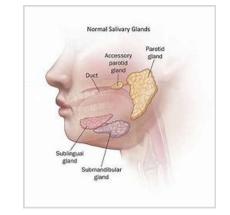
Removal of the parotid gland

Ears, Nose and Throat Department



What is the parotid gland?

The parotid glands make saliva. You have two parotid glands, one on either side of your mouth in front of your ears. There are other glands which make saliva, one on each side of the jawbone, and hundreds of tiny ones scattered around the lining of your mouth.



Lumps can occur in the parotid due to abnormal overgrowth of some parts of salivary glands. These are called parotid gland tumours. Most tumours are benign, which means they are not cancerous and do not spread to other parts of the body.

Rarely, malignant tumours can also affect the parotid gland.

A needle sample can be taken from the lump to find out what

type of tumour you have.

What is a parotidectomy ?

A parotidectomy is a surgical procedure (operation) to remove part or all of the parotid gland.

Why remove the gland?

Although 80% of these lumps are benign, in most cases we recommend that they are removed since they continue to grow and can become unattractive and also, after many years, a benign lump can turn into a malignant one.

How is the operation done?

This operation is done under a general anaesthetic, which means you will be asleep. Once you're asleep, an incision (cut) will be made from in front of your ear, down to your neck. The incison heals very well and in time the scar is likely to be minimal.

At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood collecting under the skin.

Most people will require 24-48 hours stay in the hospital before the drain can be removed and

they can go home.

Risks and complications

- Haematoma sometimes one of the drains can be become blocked causing a blood collection beneath your skin (a haematoma). If this happens it may be necessary for you to return to the operating theatre so that the clot can be removed and the drain replaced.
- **Infection** this may occur at the wound site around the ear and the side of the face.
- Facial weakness this can be temporary or permanent.
- Numbness of the face and ear lobe - the skin on the side of your face can be numb for weeks after the operation. Your earlobe is most likely to be permanently numb.
- Salivary collection/leakage
- Scar
- Frey's syndrome (red, flush, sweaty whilst eating)

Risks of anaesthesia

Risks can include: damage to teeth, caps, crowns and bridges; sore throat; nausea and vomiting.

Does it hurt?

There is some discomfort, but this can usually be controlled with simple painkillers.

Time in hospital

Usually conducted as an overnight stay in hospital. Occasionally, the drain needs to stay in for more than one day, in which case your stay in hospital will be longer.

Time off work

Two weeks off work; a sick/fit note will be provided before discharge.

Post-operative care and advice

You will have a head bandage on overnight, but this will be removed the next morning. Your facial nerves will be checked by the doctor to make sure that the facial nerves are not damaged. A drain may be in place to take away fluid from inside the wound. Once the drain has been removed, usually the next day, you may be discharged home. You will need to keep the wound clean and dry.

You should generally restrict vigorous activities and those that involve turning the head suddenly, i.e. driving and heavy lifting, for 2-6 weeks after surgery.