

Surgery of the Parotid Gland (Parotidectomy)

What is the parotid gland?

The parotid is one several glands in the neck that produce saliva. It is situated in front of the ear and there is one on either side. Whilst each one produces about 15% of total saliva, removing it does not tend to lead to a dry mouth.

What problems can you have with the parotid gland?

Parotid lumps are the most common pathology. Nearly 90% of these are benign (not cancer) but about 10% will be malignant or pre-cancerous.

Doctors usually use imaging such as CT and Ultrasound with needle sampling to determine the nature of the lump. Occasionally a diagnosis can only be made accurately once the lump is removed.

In Australia we sometimes see skin cancers spreading from the scalp and ear to the parotid gland. Other pathologies include infection, inflammation and congenital problems which usually do not require surgery.

Why is surgery (parotidectomy) needed?

Surgery is usually advised to confirm the exact diagnosis of a lump as investigations may not be 100% accurate. Surgery will also remove the lump especially if it is unattractive and growing. In instances of cancer, parotidectomy is sometimes done at the same time as a lymph node removal on the same side of the neck.

Before Surgery

If surgery is planned it is important to convey to the Surgeon and anaesthetist if you have any pre-existing health conditions or if you are taking certain medicines that increase the risk of bleeding (Aspirin, Xarelto, Plavix, Warfarin, Vitamin E, or any herbal medications).

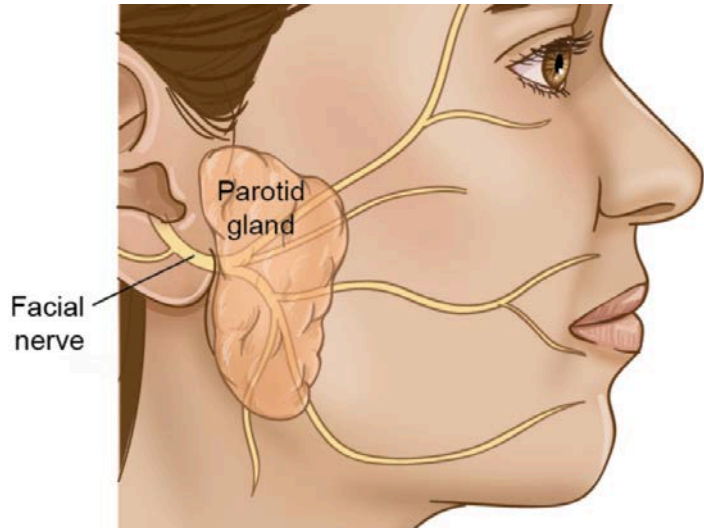
Smoking greatly increases the risk of complications related to surgery and it is recommended you cease smoking at least 4 weeks prior to surgery.

Some tablets for diabetes can also cause anaesthetic issues and need to be discussed well before surgery.

How is the operation done?

The operation is performed under general anaesthesia (fully asleep). A skin incision is made in a skin crease in front of your ear and down into your neck. The incision generally heals very well with time and can be difficult to see after 6 months.

An important part of the operation is identifying the lump and the important structures (eg. facial nerve) so that the surgery can be performed adequately and safely.



Depending on the location and nature of the lump, surgery can take anywhere between 1 and 4 hours. At the end of the operation, a drain tube will be placed under the skin and it will be removed (usually after 24-48 hours) before you go home.

Possible complications

Facial weakness - The facial nerve is an important structure that runs through the parotid gland and has many branches. It moves the muscles of the face and injury to it can cause temporary (15%-20%) and occasionally permanent facial weakness (facial palsy)(1%). This is more likely with large, deep or cancerous tumours. At times, the facial nerve and/or its branches may need to be resected with the cancerous tumour (radical parotidectomy). If this is relevant to you, your surgeon will discuss it *before* surgery.

Numbness of ear and some facial skin - This is common after parotidectomy and can take several months to resolve. Occasionally there is a persistent numbness of a small part of the ear that is permanent.

Scar - The cosmetic outcome from parotidectomy is generally excellent as the incision is hidden in skin creases, though some patients may notice a scar for months or even years afterward. Scars can rarely become thick and require revision surgery.

Change in facial contour - With larger tumours and more extensive parotid surgery, there may be some concavity in the face in front of the ear after surgery. Occasionally tissue from elsewhere in the body is required to fill in this defect.

Haematoma formation - Occasionally, a blood clot may occur under the skin despite having the drain tube. Most can be treated conservatively but sometime will require further surgery.

Salivary collection - Up to 5% of patients who undergo parotid surgery may leak saliva under the skin causing a salivary collection. Sometimes the saliva collection can leak through the wound. This sometimes may require removal via a needle and rarely requires a second procedure.

Frey's syndrome - This is a condition where the face becomes red and sweaty whilst eating. This interesting problem can occur up to 30% of cases but most are not aware of it. It is due to the parotid gland nerve supply inappropriately regrowing to supply the skin sweat glands. This can be treated by various methods and is rarely problematic.

Recurrence of the lump - Depending on the type of pathology, the initial lump may recur. This can happen many years after the initial surgery. If this occurs it may require further (revision) surgery. Cancerous pathology may also require further treatment modalities such as radiotherapy, chemotherapy and/or additional surgery.

Dressings

The incision is usually dressed with soft gauze and some clear tape which may be redressed before you leave hospital. These will be removed when you see your surgeon at around 1 week post operatively. Stitches often dissolve on their own and no longer need to be removed post operatively.

Recovery after Surgery

You can do light duties and walking type exercise usually 24-48 hours after discharge. Strenuous activities such as heavy lifting and straining or gym should be avoided for 2 weeks. The wound should be kept dry for at least 5 days. Most of the sutures we use are dissolvable. You will be reviewed usually 1-2 weeks post surgery to assess your recovery and to discuss the final diagnosis.

Is there any alternative treatment?

In very old or frail patients we sometimes observe lumps once we know they are benign. For most other people the definitive management usually involves surgery.

Surgical Costs

It is important to have a clear picture of all costs related to your procedure well in advance of any surgery. Costs will include those related to the surgery, the anaesthesia and the hospital or day surgery facility. Your surgeon's secretary will be well placed to explain the surgical costs and how the process works with insurance etc. You will be advised in advance who the anaesthetist will be and they will discuss their costs directly with you.

Whilst every care has been taken to make this information sheet as accurate as possible, individual experiences and outcomes may differ. It is important to discuss any concerns with your surgeon prior to considering surgery.

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Parotid surgery

After the Surgery

When you wake up after your operation, you will have a drip in your arm and a small drain tube coming out from the side of your neck. The wound is not usually very sore and in fact is usually quite numb. You should be able to eat & drink within 4 hours of your operation and get out of bed either later that day or the next day. Normally you will stay in hospital 1 or 2 nights until the drain is ready to be removed.

At Home

The wound is usually dressed with a water-proof dressing, though it is good to try and keep the area dry for 3-4 days after the operation. The wound dressings can be peeled off after 7 days if you have not yet seen the surgeon. Stitches are usually dissolvable. There may be a small amount of blood discharge from where the drain was removed. A large portion of the face and ear on this side will feel numb. This numbness will gradually resolve over months, but the lower portion of the ear or earlobe may sometimes be permanently numb.

In the weeks after the operation there may be intermittent discharge of clear fluid from the wound (saliva). This will usually resolve spontaneously.

You should avoid heavy lifting or strenuous exercise for 2 weeks.

Medications

You will have been prescribed some analgesic medications and sometimes some antibiotics. Please take all medications as prescribed. It is **best to avoid aspirin** or blood thinning medications unless permitted by your surgeon.

When to contact your surgeon

- If you develop obvious swelling of the side of your face
- If you develop a high fever, increased pain or pus leaks from your wound.

Follow up appointments

You will normally have a post-operative appointment approximately 1 to 2 weeks after surgery.

Any pathology results will also be discussed at this first post operative visit.

We generally book these appointments BEFORE your operation and should be included with your pre-operative paperwork. If you are uncertain as to the time of your appointment, please contact our office.