NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Parotidectomy

Introduction

This booklet aims to give you an idea of what will happen to you and how long you can expect to stay in hospital.

What is a parotidectomy?

We have two parotid glands, and they are situated on the side of the face, just in front of and below the earlobe. They are responsible for producing saliva (along with other large and small saliva glands).

A parotidectomy is an operation to remove part or all of the parotid gland. In order to remove the gland, an incision is made in the skin on the side of the face and neck. Although the incision can be several centimetres long, it is not usually very noticeable once healed. The operation is sometimes combined with an operation to remove lymph glands in the neck, but if so this will be explained to you.

Why do I need a parotidectomy?

A parotidectomy is usually performed to remove a lump within the gland. Sometimes the nature of this lump will be known before the operation, but often the surgery is performed to remove the lump for examination by the pathologist. Most people will have already had investigations, including scans and often a fine needle aspiration of the lump to try and make a diagnosis before surgery.

Occasionally surgery is offered to remove the gland to prevent recurrent infections (parotiditis).

The surgery is usually performed under a general anaesthetic (ie with the patient fully anaesthetised).

What are the alternatives to surgery?

If there is an alternative to surgery for your particular condition, then the surgeon will discuss this with you in clinic before deciding to go ahead with an operation. Sometimes a period of observation is offered or recommended.

What will happen?

Prior to your admission you will be asked to attend a pre-admission or pre-assessment clinic. You will see a nurse and/or a doctor. The nurse will check your details, any previous medical history and explain what will happen during your hospital stay. Any investigations such as blood tests, heart tracings and X-rays will be performed during this visit. A medical examination will be performed. If you do not have a pre-op assessment, these tests will take place on the day of admission.

What about the anaesthetic?

A general anaesthetic is medication given by injection into the back of the hand or arm to put you to sleep for your operation. The anaesthetic is one of the main concerns for many patients. This worry is understandable, but modern anaesthetics are very safe, and serious complications are uncommon.

The risks of a general anaesthetic

General anaesthetics have some risks, and these may be increased with certain medical conditions, but in general they are as follows:

- **Common temporary side effects** (risks of 1:10) include bruising or pain in the area of

injections, blurred vision and sickness. These usually pass off quickly.

- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye damage, and damage to the voice box and death. These serious complications are very rare.

What happens before the operation?

It is important to have an empty stomach before we can proceed with a general anaesthetic. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink only non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission, this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you fully understand your operation and are happy to proceed.

The anaesthetist will come and see you, ensure your fitness for general anaesthetic, and explain what is going to take place.

You should have a bath or shower before coming into hospital. Before going down for your operation you will need to remove any make-up, jewellery (except wedding rings which will be taped) and contact lenses.

You will wear only a theatre gown for your operation. However, you may keep your underpants on if they are made of cotton.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre, but if you are unable to we will take you on a wheelchair or trolley. You may bring a dressing gown and slippers to the anaesthetic room, the nurse will return these to your bed for you.

If you wear glasses, dentures or a hearing aid, you may wear them to the anaesthetic room so that you can see and hear what is happening before you go to sleep.

NB. You will have a bedside locker but the hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept responsibility for anything lost or stolen whilst you are a patient.

What happens during the operation?

At the start of the operation an incision (cut) is made in front of the ear, following a natural skin crease behind the angle of the jaw and approximately half way down the side of the neck. Although this seems a long cut, it is necessary for the surgeon to have good access as there are many important structures and nerves in this area. Part or all of the gland will be carefully removed. The wound will then be closed using clips/stitches. A dressing may be placed over the wound if required, but often the wound is left uncovered. A drain tube will come out of the skin near the incision to prevent blood collecting under the skin.

What happens after the operation?

Immediately after the operation, you will wake up in the Recovery room with a nurse looking after you. The nurse will make sure you are comfortable and not in any pain; will monitor your blood pressure and check your wound for any signs of swelling.

You may or may not have a drip in your arm. If so, this will only stay in until you are able to take enough fluid by mouth.

When you are fully awake, a ward nurse will accompany you back to your ward. Once you are back, it is advisable to try and sleep or to

rest quietly for a few hours. We will only need to disturb you when we check your blood pressure, pulse, drain, wound site and any other observations which may be necessary.

If you feel sick the nurse can give you an anti-sickness injection or tablet.

If you have any pain then please inform the nurse looking after you, and a painkilling tablet or injection will be administered. Please do not get out of bed, but use the call bell to summon assistance.

Later, you may drink and eat a light diet as you feel able, unless otherwise advised.

NB. Following a general anaesthetic it is advised that you refrain from smoking during the post-operative period as this significantly increases your risk of complications. You should ideally refrain from alcohol for at least 24 hours before and after surgery.

When can I go home?

You will be seen by the doctors on the ward round the morning after your operation. You will have an opportunity to discuss your surgery and expected discharge date. A nurse will be instructed to remove the drip if it is no longer required. The drain will stay in place until the excess fluid stops draining into the bottle (usually 24-48 hours). The wound drain may be able to be removed the morning after surgery and you may be fit for discharge 2-3 hours after that. The drain may need to be left in until later that day or the following day. If so, you would need to remain in hospital.

You may be given medication to take home with you; please follow the instructions on the packet.

Stitches or clips are usually removed approximately 7 days after surgery, although sometimes dissolvable stitches or skin glue are used. If stitches need removal, you will be asked to make an appointment with the practice nurse at your own surgery for this to be done. The nurse discharging you from hospital will give you a letter which you will need to take with you and give to the practice nurse. You will be advised if you have dissolvable sutures or glue as these do not need to be removed.

On discharge from hospital, you should try not to do anything too strenuous for a week or so. You may need to have 2-3 weeks off work. A medical certificate can be given to you for the first two weeks by the ward staff and your GP can issue a certificate for any additional time required.

An outpatient appointment will be given or sent to you for clinic 2-6 weeks after your surgery.

If you experience any problems with regard to your surgery, you can telephone Otter ward on **01392 402807** for advice, or contact your own GP.

We expect you to make speedy recovery after your operation and to experience no serious problems. However, it is important you should know about minor problems which are common after this operation, and also about the more serious problems which can occasionally occur. The section '*what problems can occur after the operation*' describe these, and we would particularly ask you to read this.

What problems can occur after the operation?

Facial Weakness

The facial nerve runs through the parotid gland. At the time of surgery this nerve is identified and carefully protected. This nerve controls the muscles that move the eye and mouth. If this nerve becomes bruised or stretched a temporary weakness may occur. This can affect eye closure, and/or weakness of the mouth affecting eating and smiling. This occurs in about 15 - 20% of cases, but usually resolves in a few weeks. It is rarely permanent. Some people have an increased risk of nerve damage (eg cancer operations), but this would be discussed with you before your operation.

Numbness of Face and Ear

The side of the face may feel numb after surgery because the nerves lie just under the skin and may become damaged. Although the area of numbness usually reduces over time, numbness of the earlobe may be permanent.

Frey's Syndrome

Some patients find that the side of their face in front of their ear can become red, flushed and sweaty whilst eating. This is because the nerves that make the parotid gland produce saliva can connect to the sweat glands of the skin. This is a treatable condition, but often settles on its own.

Haematoma or saliva collection

Blood can collect under the skin and cause a swelling at the site of surgery, this is called a haematoma. Occasionally this may necessitate a return to theatre to remove the collection.

The parotid gland can leak saliva into the neck after surgery. This can result in a swelling or leakage through the wound. This will usually settle fairly quickly after surgery without any need for intervention.

Scar

There will be a scar following surgery but this will fade with time. Gentle daily massage with a moisturiser can be commenced once the wound has healed, usually after about 3 weeks. This helps to reduce scarring.

Infection

Pain, inflammation, discharge and feeling unwell with a temperature may indicate an infection. Infection is not common, but if it occurs will usually require treatment with antibiotics.

Recurrence

Depending on the reason for surgery, there is a possibility of developing a recurrence of the tumour.