



PAROTIDECTOMY

BRIEF DESCRIPTION

The parotid gland makes saliva to wet the food in your mouth. It is located in your cheek in front of the ear and can extend down to the side of your jawbone. It has a superficial part just under the skin and a deep part that lies deeper on the cheek muscle. The saliva runs from the gland along a tube, which opens into your mouth on either side. If a swelling or stone grows in the gland, the gland has to be removed. To remove the gland a Y-shaped cut is made in front and behind your earlobe and extending down the side of the neck. The gland (or a part of it) is freed and taken out. The cut in the skin is stitched up.

WHY IS THIS OPERATION NECESSARY?

While most parotid gland swellings are innocent, it may continue to grow bigger and cause pain. There is also a small chance it could be cancer. A stone usually cause intermittent swelling, especially when eating, but it can block the duct and cause infection that is difficult to treat without removing the stone.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Treating a simple infection is possible using antibiotics, but a growth in the gland means it has to be removed. Similarly, a small stone may pass through the duct without the need for surgery, but if it gets stuck and blocks the duct, the stone would need to be removed.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

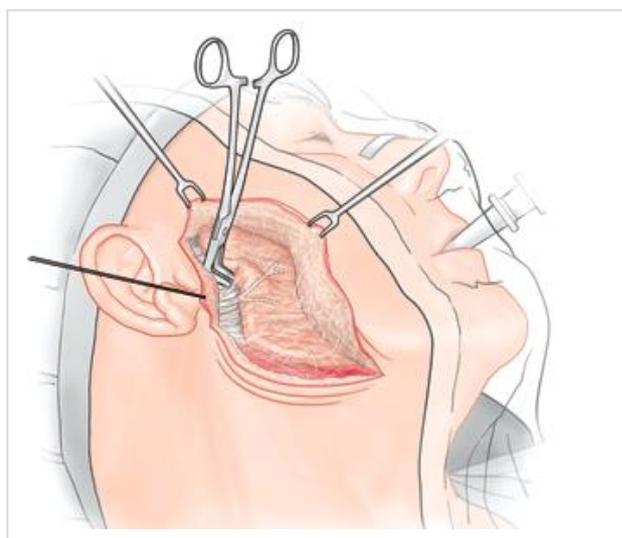
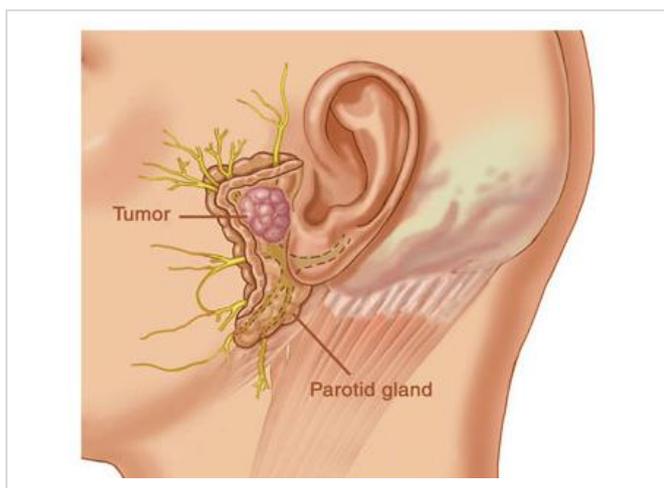
WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The nerves that supply movement to your face muscles run through the parotid duct. There is a small risk of damage to these nerve fibres during the operation. About 1 in 10 patients notices some weakness of the side of the mouth or some difficulty in closing the eye properly. In some cases, for instance to treat cancer, it is necessary to remove the nerve along with the gland. Most people have numbness of the ear lobe but rarely there is also loss of feeling in other parts of your face. This may get better over 2 to 3 months but may be permanent. Sometimes there is unusual sweating over the temple area which may be troublesome. Infection is a rare problem and will be appropriately treated. There may occasionally be a little discharge of saliva through the wound for a week or two but this always gets better. The removed gland will be examined under the micro-scope after the operation to determine the further management. Occasionally swellings come back on the operated side or even appear on the opposite side. You should be examined from time to time after the operation to check on this. Injury to facial nerve, injury to nerve is usually transient and it occurs from manipulation during surgery with retractors. Every effort is made to identify and preserve the nerve. 1/3 to 1/4 of Patient will have transient facial nerve weakness.

**REF: Bron LP, Obrian CJ – Facial nerve functions after Parotidectomy. *REF: Arch Otolaryngology Head Neck surgery 1997 OCT – 123 (10) 1091-6*



WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as Disprin, Warfarin, or other blood thinning medicines before the operation.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission. When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood loss in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about an hour.

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you

are back in your bed on the ward. There may be a small plastic drain in the wound that will be removed before you go home. The drain may be removed before you go home or you may be sent home with the drain with planned removal in 2-3 days. Patient will be taught how to empty the drain

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You can start drinking or eating immediately after the operation.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You can walk around as soon as the anaesthetic has worn off.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually you will go home the day after the operation.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

There may be pain or mild swelling around the wound. Severe pain or excessive swelling should be reported immediately.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home.

HOW SOON CAN I DRIVE A CAR?

You should be able to drive when you are discharged from the hospital.

HOW LONG WILL I BE OFF WORK?

Usually one week

