



Education

Parotidectomy

What is a parotidectomy?

A parotidectomy is a procedure for removing a parotid gland. The parotid glands are in the cheeks just in front of and slightly below your ears. They produce saliva.

When is it used?

Reasons for performing this procedure are:

- The parotid gland may have a lump, which may or may not be cancerous. (20% of lumps are malignant.)
- A parotid gland lump may be benign (not cancerous), but it may be a type that grows slowly and must be removed to prevent severe cosmetic problems.
- The duct carrying saliva from the parotid gland may be blocked by a stone, causing infection.

An example of alternatives is to choose to do nothing, recognizing the risks of your condition.

How do I prepare for a parotidectomy?

Plan for your care and recovery after the operation. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery. Ask your provider if you need to stop taking any other medicines.

Follow any other instructions your provider may give you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will be given a general anesthetic. It will put you to sleep and keep you from feeling pain.

The surgeon will make a cut around the front of your ear and under your jaw. The surgeon will fold the skin back and expose the parotid gland. The surgeon will remove the part of the parotid gland that lies over the facial nerve. Another doctor, called a pathologist, will look at the tumor under a microscope. Depending on the type of tumor, the surgeon may need to remove the remaining part of the parotid gland. The surgeon will try to avoid injuring the nerves that lie inside the gland and control facial muscle movement. If you have cancer around the nerve, the surgeon may remove the tumor and that part of the nerve. The surgeon will place a temporary drain in the wound and close the cut.

What happens after the procedure?

You may be in the hospital for a day. The side of your face will be swollen for about 3 weeks and sore for at least a week. If any of the nerves in your cheeks were bruised, the side of your face may be numb and the muscles may be weak. Your face may droop for 3 to 6 weeks. Permanent weakness is common in the lower lip on the side where you had the surgery, but permanent facial weakness or paralysis is rare. While you are recovering, you may feel discomfort when chewing.

Ask your health care provider what steps you should take and when you should come back for a checkup and removal of the drain.

What are the benefits of this procedure?

If cancer was found, you will have a good chance for cure. If a benign tumor was found, you will avoid the problem of having a visible tumor on your face. You will no longer have pain or swelling around the parotid gland.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- The nerves in your cheek may be damaged or cut during this operation. If this happens, one or more of the muscles in your face may not work as before and that side of your face could droop and look different from the other side. You may not be able to move your lower lip as well as before. This is usually temporary but may be permanent.
- You will have numbness in the lower part of your earlobe.
- If you had cancer, further treatment may be necessary. The cancer may come back.
- You may have infection or bleeding.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

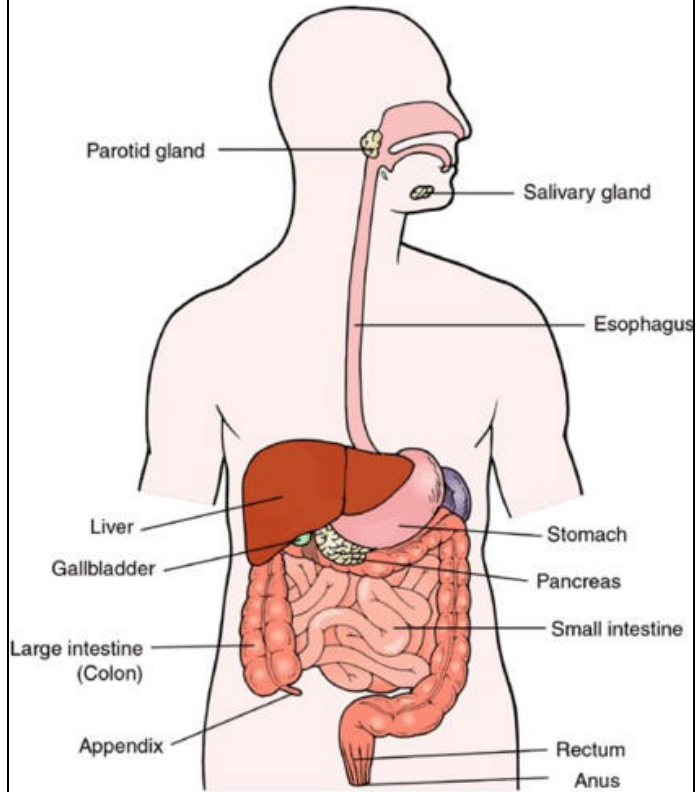
- You develop a fever over 100°F (37.8°C).
- You notice drainage or swelling in the wound.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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Digestive System



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