



Parotidectomy Patient Information Sheet

What is the parotid and what causes parotid lumps?

The parotid gland makes saliva; in fact you have 2 glands, one on each side, in front of your ears. There are however other glands which make saliva as well, one on each side under the jaw bone and hundreds of tiny ones scattered around the lining of your mouth.

Lumps occur in the parotid due to abnormal overgrowth of some part of the salivary glands (a parotid gland tumour). The vast majority of these are benign, which means that they do not spread to other parts of the body, and do not destroy other structures that they come in contact with. These tumours are not related to smoking or any other known risk factor. Rarely, malignant tumours can also affect the parotid. Your doctor will probably have collected a needle sample from the lump in order to try and find out what sort of tumour you have. These results are often helpful, but are not totally reliable in all cases.

Why remove the lump?

Although 80% of these lumps are benign in most cases we recommend that they be removed since they generally continue to grow and can become unsightly, and after many years a benign lump can turn malignant. Also the bigger the lump the more difficult it is to remove, which is another reason why we tend to operate fairly soon. Lastly there is always some concern regarding the exact cause of the lump until it has been removed.

What is a Parotidectomy? What can I expect from the operation?

A parotidectomy is the surgical removal of the parotid gland. In fact in most cases we do not remove all the parotid, but just the lump with a good cuff of normal tissue around it. The operation is performed under general anaesthesia, which means that you will be asleep throughout.

A fairly long incision will be made which runs from in front of your ear and down into your neck. This incision heals very well indeed, in fact it is nearly the same incision, which is used in "face lift" surgery, and in time the scar is likely to be minimal. During the operation the skin over the face is lifted and some of the nerves to the skin are cut. This means that the skin on the side of your face and in front of the ear will be numb for some time after the

operation. Many patients tell us that the skin of the ear lobe remains numb forever.

At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood clot collecting under the skin. Most patients will require 24-48 hours in hospital after the operation before the drain can be removed and they can go home.

What are the problems that may occur?

Facial weakness:

There is a very important nerve, which passes right through the parotid gland, (the facial nerve). This makes the muscles of the face move and if it is damaged during the surgery can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after the surgery, however very occasionally (about 15-20% of cases), where the tumour has to be dissected off the nerve, it can become bruised and as a result the face can be weak, usually lasting for only a few weeks after the operation. In 1% of cases there is a permanent weakness of the face following this sort of surgery for benign tumours. In some cases the nerve can be involved with a malignant tumour in which case some of it may need to be sacrificed in order to get the tumour out safely. If there is any chance of this happening to you the doctors will warn you before the operation.

Numbness of the face and ear:

As described above the skin of the side of the face will be numb for some weeks after the operation, however you can expect your ear lobe to be numb permanently.

Haematoma:

Sometimes the drain becomes blocked, in which case a blood clot can collect beneath the skin (a haematoma). This occurs in about 5% of patients and it is sometimes necessary to return to the operating theatre and remove the clot and replace the drain.

Salivary collection:

In 2-5% of cases the cut surface of the parotid gland leaks a little saliva, in which case this can also collect under the skin. If this happens it is necessary to remove the saliva, usually just with a needle, like a blood test, although it may need to be repeated several times.

Freys syndrome:

Some patients find that after this surgery their cheek can become a little red, flushed and sweaty whilst eating. This is because the nerve supply to the gland can regrow to supply the sweat glands of the overlying skin, instead of the saliva forming parotid gland. This can usually be treated easily by the application of a roll-on antiperspirant.

What to do if you have any worries or concerns after the surgery

If it is within 48 hours or out of hours, phone the ward where you were admitted for surgery. During office hours phone our secretaries on 0118 9213160.

I have read this leaflet and had the chance to ask any questions to my surgeon.

Name:

Signed:

Date:

Surgeon:

Signed

Date: