Superficial Parotidectomy

Discharge Advice

Superficial parotidectomy:

Surgery is done to remove part of the parotid gland which is one of the major salivary glands situated on the side of the face. The surgery is usually done in order to remove a tumour/abnormality within the gland. Most tumours are benign, which means that they are not cancerous (malignant) and do not spread to other parts of the body. Although 80% of these lumps are benign in most cases we recommend that they be removed as there is a small chance they can become malignant in the future. They can also grow, become unsightly and more difficult to remove.
The incision (cut) will run from in front of the ear down into the neck. This tends to heal very well and leaves a minimal scar in most cases.

What to expect after surgery:

There is likely to be a drain coming from the wound after the surgery and this can usually be removed within a 24 to 48 hours. You are likely to stay in hospital for 24-48hrs after the operation whilst the drain is in.
If non-dissolvable sutures/clips are used then these may require removal after a week usually at your GP practice. This will be discussed with you post-operatively and indicated on your discharge letter.
It is normal to feel more tired than usual for up to a week after your operation, if you are a parent or a carer you will need some support during this time. It is important that you eat and drink normally. Ensure your wound site is kept clean and dry. Avoid the use of makeup and perfumed creams. After 10 days, gently massage your scar with a non-perfumed moisturising cream two or three times a day.

Potential complications:

Facial nerve weakness:

the facial nerve passes through the parotid gland and controls the movement to that side of your face, if it is damaged during the surgery this can give a facial weakness. In most cases the nerve works normally after the surgery but in 15-20% of cases there is a temporary facial weakness that lasts several weeks before going back to normal. A permanent facial nerve weakness is rare following this surgery for benign tumours.

Numbness of the skin and ear:

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

Blood clot (haematoma):

In about 5% of cases there can be a collection of blood under the skin following surgery and sometimes required returning to theatre to remove the clot.

Salivary collection (seroma):

In 2-5% of patients the cut surface of the parotid gland leaks a little saliva, in which case this can also collect under the skin. This is sometimes treated with pressure applied to the face or with drainage through a needle. In a few patients a salivary fistula can form. This means that there is some leaking of saliva from the wound, this normally resolves on its own but occasionally needs further management.

Freys syndrome:

Some patients find that after this surgery their cheek can become 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 parotid. This can usually be treated easily by the application of a roll-on antiperspirant. It will often resolve without further intervention.

Advice following surgery:

You may experience some pain on swallowing due to the surgery and the anaesthetic tube. This is normal and should resolve after 72 hours.

You should take 2 weeks off work in order to recover from the surgery. A sick note can be provided prior to your discharge from hospital if required.

You will have a scar. This will look red but will fade slowly over a variable period of time between a few months and a few years. Some people produce a Keloid scar (raised/highly coloured scar). This is due to their skin type; it is unpredictable before surgery and may be treatable at a later date. You will need to protect your scar from direct sunlight for 18 months; it is advisable to use a total sun block. The may be a visible indentation in the face following removal of the tumour.

Follow up:

You should be seen in the outpatient clinic at around 2 to 4 weeks post-surgery. At this point the laboratory tests should be available. Your surgeon will also be able to review your neck and answer any questions you may have. Should you not receive this appointment, please call the outpatient booking office on 01495765055.

EMERGENCY DISCHARGE INFORMATION

09:00 to 17:00 Monday to Friday (excluding bank holidays): Contact the ENT Treatment room on 01633234018

After 17:00/overnight (adults): Ward C0 01633 493926.

In the event of a breathing emergency, attend your closest Accident & Emergency department. This can happen with bleeding or swelling in your neck, particularly in the first 48 hours after an operation.

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