

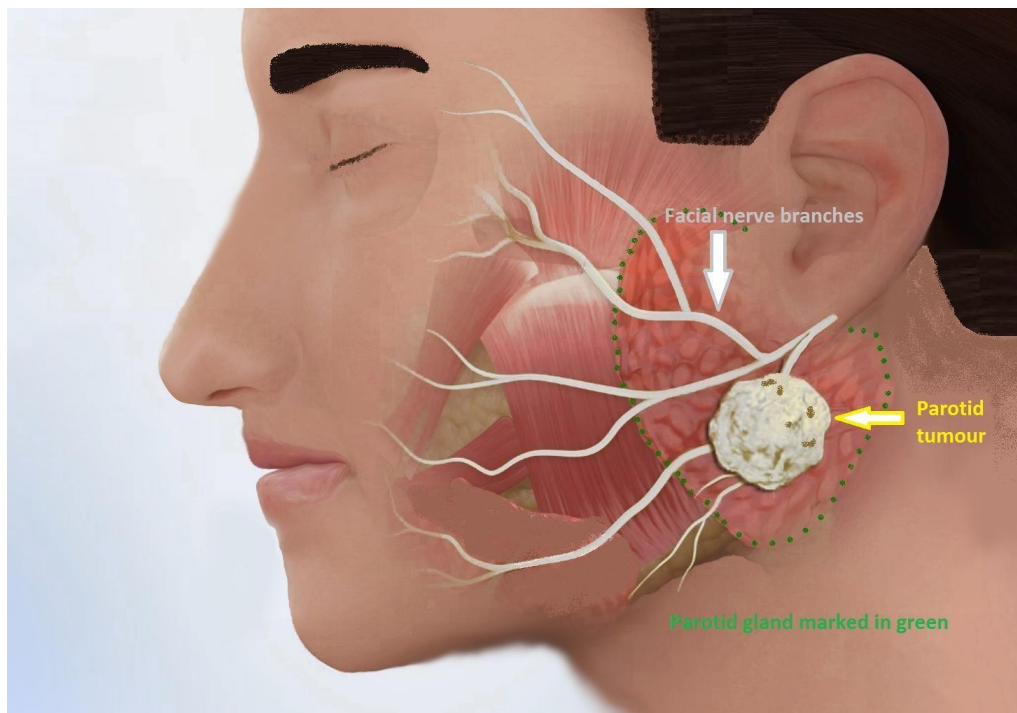
## Parotid gland surgery (Parotidectomy)

### What is the Parotid gland?

The parotid gland is the largest of a number of glands that produce saliva. There are two parotid glands, one on each side of the face, beneath the skin in front of the ears. When there is abnormal overgrowth of some part of the parotid gland we call this is a tumour.

The majority (around 80%) of parotid gland tumours are benign (not cancer) and do not spread to the rest of the body. Malignant tumours can affect the parotid gland too (20%). Using ultrasound scanning and obtaining a small needle sample is a very useful way of indicating whether a tumour may be benign or malignant.

Facial nerve is an important nerve that passes through the parotid gland and its function is to move facial muscles.



### Indications for Parotid surgery (Parotidectomy)

Even though most parotid gland tumours are benign, it is often best to remove them as the natural course is for lumps to grow and become unsightly. The larger a tumour grows, the harder it is to remove. As time passes there is also a small chance for a tumour to turn malignant. Also whilst ultrasound and needle testing are very reliable, the only absolute way of being sure whether a tumour is benign or malignant is to remove it for examination under a microscope.

Chronic infection, with or without stones, may be another reason to remove a parotid gland even without a tumour.

### **Will the whole gland be removed? Don't I need my parotid gland?**

In most cases the lump and a good border of normal tissue is removed. Whether part or all of the parotid gland needs to be removed depends on the size of the lump and whether we think it is malignant. However, we have many other salivary glands that will take over saliva production after the parotid gland is removed and most patients do not have any problems with dry mouth and eating.

### **How is parotid gland surgery performed?**

Surgery to remove the parotid gland is performed under general anaesthetic and usually takes about 1-2 hours to perform. A cut is made from in front of the ear and is usually extended down into the neck. At the end of the operation the cut is closed using stitches and usually heals very well.

Before removal of the gland, a very important nerve called the facial nerve needs to be identified. This nerve operates the muscles of the face and eyelid. So long as the nerve is not involved in the tumour and is fully functional, the aim will be to keep this nerve undamaged.

After removing the tumour, a plastic tube drain may be placed through the skin before closing the wound. This is to reduce chance of blood clot collection under the skin. It can usually be removed after 24-48 hours.

### **Possible complications of Parotid surgery**

#### Facial weakness

The facial nerve, which operates the muscles of facial expression and eye closure, runs directly through the parotid gland. If it is damaged during the surgery this can lead to a weakness of the face (facial palsy). A temporary facial weakness (15-20%) may occur if the nerve is stretched or bruised, particularly when the tumour is very close to the nerve. This may last for a few weeks. It is rare ( 1% ) to get a permanent weakness of the face following this sort of surgery for benign tumours. For malignant tumours, there will be greater risk of temporary and permanent weakness.

#### Numbness of the ear lobe and the face

Ear lobe may become permanently numb and extra care may be needed when shaving or inserting earring. The majority of patients become less aware of the numbness over time.

An expected consequence of the surgery is numbness on the side of the face for few weeks.

### Haematoma

A blood clot (a haematoma) may collect beneath the skin after surgery. A drain is used to avoid this, but it can get blocked. Occasionally a return to the operating theatre is required to remove the clot.

### Salivary fistula

Occasionally the cut surface of the residual parotid gland may leak saliva and collect under the skin. The saliva may leak out along the skin incision. This will settle in time but may require medical intervention such as treatment of infection if present.

### Frey's syndrome

Some patients develop flushed and sweaty cheek on eating. The tiny nerves which usually cause the gland to produce saliva are interrupted during surgery. Their re-grow to supply the overlying skin is the cause of the Frey's syndrome. Treatment with a roll-on antiperspirant and in severe cases with Botox injections may be required.

### Cosmetic asymmetry

The bigger the parotid lump to begin with, the bigger the sunken appearance and asymmetry after surgery.

### **Outlook after surgery**

- The aim of parotidectomy is to entirely remove the tumour within the gland. In the vast majority of cases this is done successfully and the tumour does not return.
- In cases of very large tumours, some patients may notice some asymmetry where the gland has been removed. However in many cases patients experience very little cosmetic change other than a well-healing scar. Generally patients return to normal life without having to take any new medications and don't have to worry about their problem again.
- Further treatments may be required based on the results after this surgery.

### **Expectations and advice following surgery**

- The drain in the neck is usually removed after 24-48 hours, whilst awake, with minimal discomfort. Afterwards you will be able to go home.
- The wound stitches are usually removed after a week. You will receive instructions on where and when this will happen.

- The operation wound may be sore for the first few hours and days. Pain relief medication can be taken for this.
- Avoid all moderate and heavy physical activity, including sport for ten days after the operation. Avoid bending down to pick things up, especially heavy weights. Active sport should not be commenced for four weeks after the surgery, and even then, slowly at first with gradual build up.
- Two weeks off work/ school is strongly recommended. A sick-note will be provided.
- Do not drive for 48 hours (because of the effect of the general anaesthetic).
- You should not plan to go away on holiday for at least two weeks after your operation.
- Flying should be avoided for the first two weeks after your operation.
- Keep the wound clean and dry until any stitches have been removed at your follow-up clinic appointment. At your follow-up appointment, one of the team of surgeons will review how your scar is healing and also discuss with you the results of the microscope examination of the tumour.
- If you taking blood thinning medications (anticoagulation) such as aspirin, warfarin and clopidogrel, please discuss this with your doctor. You may need to avoid taking your medication for a few days prior and after the operation as they can potentially increase the risk of bleeding.

**Please note that the details in this section are for general information only. You should always discuss the risks, limitations and complications of your specific operation with your surgeon.**