



# HELENA EAR, NOSE & THROAT CLINIC

**Dr. Sanders**

**Phone: (406) 204 -2409**

## PAROTIDECTOMY

### Before Surgery:

- Nothing to eat or drink, including water, after midnight the night before surgery.
- All forms of aspirin should be stopped two weeks before surgery. This includes Bufferin, Anacin, Excedrin, and Alkaseltzer.
- All Ibuprofen (Motrin, Advil) and Naproxen (Alieve) products should be stopped one week prior to the surgery.
- Tylenol (acetaminophen) can be used.
- The hospital will contact you with instructions about any prescription medication you may be taking.

### After Surgery:

- Wound Care:
  - Keep the surgical site clean and dry. You may use peroxide on a cotton swab to gently clean the area.
  - Use the antibiotic ointment you have been given on the surgical site 3 times a day.
- Activity:
  - No bending, lifting, or straining for one week following surgery.
- Swelling:
  - It is common for the area to have mild swelling for several weeks after surgery.
  - If the area becomes red and hot, contact the office.
- Pain Relief:
  - Use the prescription pain medicine or Tylenol (acetaminophen) until you have seen Dr. Sanders.
  - Do not use your prescribed pain medicine and Tylenol (acetaminophen) at the same time. Many prescription pain medications contain acetaminophen.
- Diet:
  - No diet restriction.
  - Sour or spicy foods may cause swelling.

Please call the office for any questions or concerns you may have at (406) 204-2409.

### RISKS/ COMPLICATIONS OF SURGERY: *PAROTIDECTOMY*

The following are possible complications and risks associated with this procedure.

- Hematoma: this is a bruise or a collection of blood under the skin. This does not happen often, however if it does the area would need to be treated by your doctor.
- Salivary fistula/sialocene: All of the parotid tissue is not typically removed. The remaining parotid tissue will continue to produce saliva. The saliva may drain from the incision site (this is called a fistula) or form a pocket of fluid under the skin (this is called a sialocene). The fistula or sialocene will usually go away as the tissue heals from the surgery.
- Infection: This is unusual, but happens more often when the gland has been infected for a long time. It can also happen if the mouth has been entered for large tumors. The infection would need to be treated with antibiotics.
- Frey's Syndrome: This is also called gustatory sweating. Symptoms are sweating and flushing (turning red) at surgical site. This happens because nerve fibers that once went to the parotid gland (causing the parotid gland to produce saliva) are now going to the sweat glands in the skin (causing the skin to sweat). This does not happen often and most people who have this condition do not notice the symptoms.
- Facial Nerve Injury: Because the nerve that moves the side of the face runs through the parotid gland, the nerve must be separated from the parotid tissue. It is possible that the nerve branches may be stretched or may be cut if the tumor is malignant. It is rare to have permanent paralysis of the nerve branches; it happens more in reoperations for tumors that have returned. If nerve injury happens a special treatment/ surgery may be necessary.
- Recurrence of the Tumor: There is a risk that the tumor will return. The chance of this depends on the tumor type and if the tumor was malignant or benign. Benign tumors may return many years later. It is important to have routine examinations following your surgery.

If you have read this completely and agree to proceed with the surgery, please place your signature below.

Patient or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_