



Dr. Sanders

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PAROTIDECTOMY

A **parotidectomy** is the **surgical** excision (removal) of the **parotid** gland, the major and largest of the salivary glands. The procedure is most typically performed due to neoplasms (tumors), which are growths of rapidly and abnormally dividing cells. Neoplasms can be benign (non-cancerous) or malignant (cancerous).

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.

Post-operatively

Diet: Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions.

Generally patients experience a mild sore throat for 2-3 days following neck surgery. This usually does not interfere with swallowing.

Pain Control: Patients report moderate neck pain for several days following neck mass excision. You will be prescribed pain medication prior to surgery. Please use as directed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chances of having a post-operative bleed into the neck tissues or neck wound. Please contact our office (406) 204-2409 if your pain is not controlled with your prescription pain medication.

Activity: Sleep with the head elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. Gentle rotation, flexion and extension of the head and neck



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are permitted. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2 week mark.

Wound Care: Do not wash or manipulate the neck wound for 48 hours following the surgery. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Pat the area dry; don't rub it with a towel. After 7 days you may gently lather the wound with soap and water. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery.

Follow-up Appointment: Your follow-up appointment in the office will be 7-10 days following your surgery. If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit the pathology report is reviewed and your sutures or staples are removed.

Please call our office immediately if you experience:

- **Difficulty breathing or swallowing**
- **Neck swelling**
- **Bleeding from the wound**
- **Fever greater than 101 degrees Fahrenheit**
- **Purulent discharge (pus) coming from the wound**
- **Increasing redness around the wound**

Office phone: (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 _____



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