

SURGERY OF THE PAROTID GLAND (PAROTIDECTOMY)

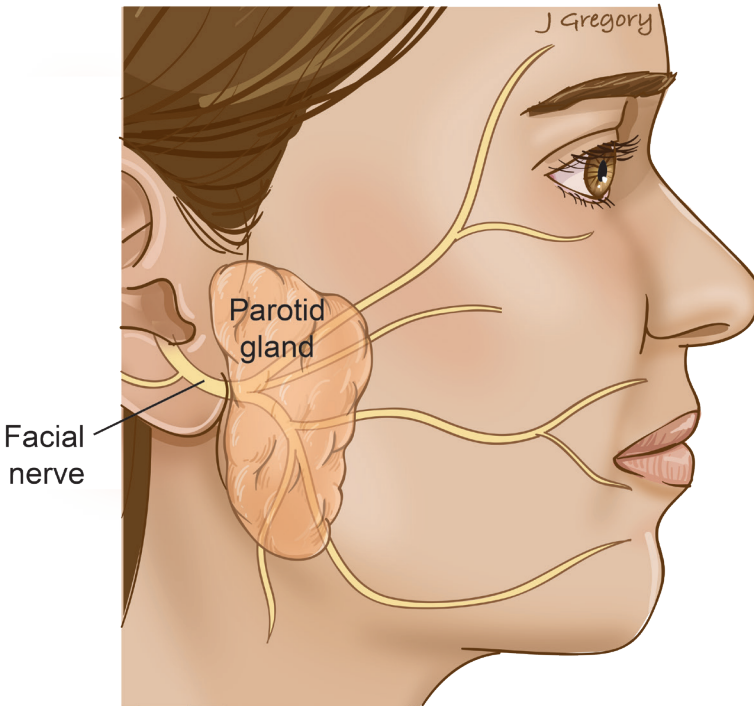
Johns Hopkins Otolaryngology—
Head and Neck Surgery



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MEDICINE

What are the parotid glands and what are some of their important structures and functions?

- The parotid glands are salivary glands that are in front of your ears.
- The parotid glands make saliva (spit) that empties into the mouth through small openings (ducts).
- The facial nerve moves your face and runs through the parotid gland.



What is a parotidectomy?

A parotidectomy is the surgical removal of part or all of the parotid gland.

Why do I need parotid surgery?

Your surgeon will explain why parotid surgery may be the best option for your condition. The most common reasons are removal of:

- Benign (noncancer) or malignant (cancer) masses of the parotid gland
- Cancer in the parotid gland that has spread from another place (scalp, ear, skin of face)

What complications can happen?

Facial weakness

- The facial nerve, which runs through the parotid gland, is responsible for moving your face muscles. Surgery requires working close to this nerve.
- Temporary facial nerve weakness can occur right after surgery, most likely due to moving the nerve during surgery. The weakness should get better with time. Permanent facial nerve weakness is much less common and depends on the size, location and type of mass, and how much surgery is needed to remove it. Rates of permanent facial nerve weakness are higher for cancers, masses below the facial nerve, repeat surgeries and surgery after radiation therapy.
- Johns Hopkins uses facial nerve monitoring during surgery to give us real-time feedback to protect the nerve while operating.
- If your facial nerve needs to be removed along with the tumor, your surgeon will refer you to reconstructive surgeons to discuss options to help you move the face muscles again.

Hematoma (blood collection)

- The surgeon ensures there is no bleeding when the surgical incision is closed.
- Bleeding is a possible complication after surgery. After parotid surgery, pooling of blood can give the skin a full, lumpy or bruised appearance. This will get better in seven to 10 days, but it sometimes needs your medical team's attention if there is active bleeding or too much swelling.

Seroma

- A seroma is a fluid collection at the surgical site. A drain is sometimes placed in the neck to lower the chance of this happening.
- A seroma can usually be treated by removing the fluid under the skin with a needle, placing a pressure dressing or placing a drain in the area.

Sialocele

- A sialocele is a collection of spit in the area of the surgery. Sometimes, the spit drains out and onto the skin.
- Most cases get better on their own. Packing the wound to wick out the saliva might be needed.

Earlobe numbness

- You have a nerve near the parotid gland that gives feeling to your earlobe and surrounding areas.
- Most patients will have some numbness of the earlobe, which can last as long as a year.

Skin flap necrosis

- The incision for a parotidectomy is usually made in front of the ear, but can extend behind the ear. In rare cases, the skin in this area appears dark or may peel. This generally improves with time.
- Current and recent smokers and patients with diabetes are at higher risk of developing skin flap necrosis.

Cosmetic appearance

- When the parotid gland is removed, it leaves a hollowed area that may cause an indentation.
- If it is likely this will be noticeable, your surgeon may decide to use some abdominal fat, a local muscle or tissue flap to help fill this area. This is typically done during the same operation.





Frey's Syndrome

- Frey's syndrome is a condition in which the nerves that cause salivation and the nerves that cause sweating get mixed up. This results in sweating during eating, and it can become evident many months after surgery.
- Frey's syndrome can be treated with antiperspirants that prevent sweating in this area, or with botulinum toxin injections (e.g., Botox®) to the skin of this area.

First bite syndrome

- First bite syndrome may cause pain along the ear and jaw when taking your first bite of a meal.
- This should improve with time. If it continues, it can be treated with botulinum toxin injections (e.g., Botox®) to the remaining portion of the parotid gland.

Tumor recurrence

- In some cases, the tumor comes back. It can be seen or felt by the patient or doctor, or it can be seen on imaging.

Will I have a scar?

- A scar will be hidden in a natural skin crease in front of your ear and possibly in your neck. It will initially be visible, but hopefully, it will be barely noticeable with time.
- This scar is made as small as possible while allowing good access to the neck structures.

- The development of thicker or darker scars can depend on patient factors. Use of over-the-counter silicone-based gels is recommended to minimize the scar over time. Avoiding sun exposure for one year after surgery is also suggested.

Will my mouth be dry after surgery?

No. You have many other salivary glands that will produce enough spit so that you should not notice any changes in how your mouth feels. Also, depending on the type of mass, some of the parotid gland might not be removed during the surgery.

Does this treatment follow published guidelines?

We follow the most updated guidelines provided by the National Comprehensive Cancer Network.

What will I need to do to prepare for surgery?

- For your safety, you cannot eat or drink anything after midnight on the day of your surgery.
- Your doctor will let you know which medicines you may need to stop taking on the day of surgery or sooner.
- Nurses will contact you to review what to expect and to review any anticipated after care for wounds or drains.
- Ask a family member or friend to pick you up from the hospital and stay with you at home during the first few days.

Will I need general anesthesia?

Yes, this procedure requires general anesthesia. If you are going home the same day after your surgery, you will not be able to drive yourself home after receiving general anesthesia. Make sure you have arranged for someone to take you home from the hospital.

When will I find out about my final pathology results?

Your pathology results will be available one to two weeks after surgery. You will receive the results in Epic MyChart at the same time your care team gets the results. If anything about your pathology is unexpected, a member of the team will contact you within 48 hours.

How will I feel after surgery?

- Patients experience recovery at different rates. You may feel tired for the first couple weeks after surgery. It is important to give yourself time to rest and recover. Remember that a lot of the discomfort you experience initially is temporary and will improve with time.
- Some throat discomfort is expected due to having a breathing tube during surgery. This pain will be very manageable and will improve in a day or two, and patients rarely require pain medication.

How long will I be in the hospital?

Some people stay overnight in the hospital, but most patients return home on the day of surgery. If you are returning home on the day of surgery, make sure to arrange for transportation. You will not be able to drive yourself after receiving general anesthesia.

What is normal after surgery?

- It is common to have a sore throat that continues to improve each day.
- There may be some mild swelling, redness or puffiness around the incision.
- These symptoms may last for several weeks, but will eventually improve with time.

Will I have trouble sleeping?

- Some people find it more comfortable sleeping with a few pillows under their head for the first few nights. We recommend sleeping with the head up at least 30 degrees to reduce swelling.

- The initial swelling may make it feel like you have trouble catching your breath when lying flat.
- Please let your doctor know right away if you have trouble breathing and if you have a very swollen neck.
- Some patients may also have long-term sleep problems if surgery has changed the upper airway's structure and function. If you notice these changes after your last treatment, a good resource for information can be found here: ahns.info/survivorship_intro/sleep-disturbance-and-sleep-apnea/.



How do I care for my wound?

If you have skin glue:

- You may shower immediately, then pat the wound dry. Do not rub the wound.
- Do not apply anything to the glue until it has flaked off (about two weeks after the surgery).
- Do not pick off the skin glue.
- The skin glue will fall off after a few weeks.

If you have sutures (stitches):

- You may shower two days after surgery. Pat the wound dry but do not rub the wound.
- Apply ointment such as petroleum jelly (e.g., Vaseline or Aquaphor) along the suture line twice each day until the sutures are removed. The ointment will be given to you in the hospital.
- Keep the head of your bed raised when you sleep (at least 30 degrees). This will help decrease swelling.

If you have drains:

- For most patients, a drain is placed in the neck to remove blood and fluid from the wound after surgery. If you leave the hospital with a drain, you will need to empty it and measure the fluid amount at least every 12 hours. Write down the amount of fluid you remove each day.



- The drain will need to be stripped about 3 times a day. The nurse will show you how to do this before you leave the hospital.
- You will be instructed to call a nurse to have your drain removed once the output in a 24-hour period is minimal (typically < 25 cubic centimeters). This will be included in your discharge instructions.

What about pain?

- Pain around the throat and the surgery site is normal.
- Pain is expected after surgery, and the goal is to make you as comfortable as possible.
- Your surgeon/surgical team will provide you with a prescription for pain medicine.
- If you do not have liver problems, use acetaminophen (e.g., Tylenol or Ofirmev) first. Take 1,000 milligrams each time. You may need to schedule it for every six hours. Do not take more than 4 grams in 24 hours. If you have additional pain, your doctor may prescribe a stronger narcotic medication.

- If pain is not controlled by medication, let your doctor know.

When can I eat?

- The ability to eat is different for every patient. You may initially find it slightly difficult to chew because your neck and face feel tight and swollen. This is common.
- You will start with drinking clear liquids and can advance to more solid foods as you tolerate it. We recommend that you eat a mostly non-chew, soft diet. It may be helpful to avoid overly sour, bitter, sweet, savory, acidic or spicy foods for one to two weeks after surgery.

When can I drive?

You can drive when you are not taking prescription pain medicine and when you can easily turn your head and neck both ways.

When can I exercise?

- Start stretching slowly and gently the day after surgery.
- We recommend not lifting anything heavier than 10 pounds and not doing any strenuous activity for two weeks after your surgery.

When will I be able to return to work?

Most patients need one to two weeks, and sometimes up to six weeks, to recover from surgery. Talk to your doctor about how long you should expect your recovery to take.



When do I need to see the doctor after surgery?

- Make an appointment to see your surgeon about two to three weeks after your surgery.
- If you have non-dissolving sutures, they need to be removed about one week following surgery.

Will I require more treatment following parotid surgery?

- If you have confirmed parotid cancer, you may need additional treatment such as radiation therapy after surgery. This will depend on your biopsy results (surgical pathology).
- You will also need additional follow-up to monitor for recurrent disease.

