

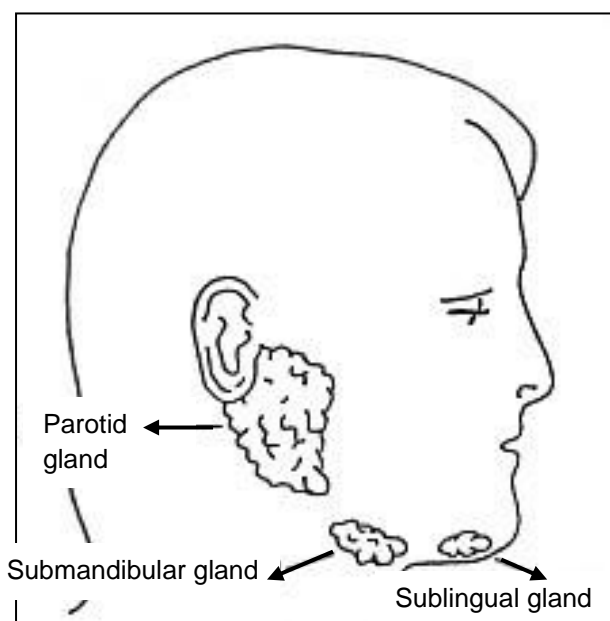
Patient information

Removal of Parotid Salivary Gland

Head and Neck/ENT/MFU Department – Aintree Hospital

What is the Parotid Gland?

- The parotid gland is a salivary gland that lies immediately in front of the ear.
- Saliva drains from it through a tube that opens on the inside of the cheek next to the upper back teeth.
- The parotid gland is most commonly operated on to remove a lump.



What are the benefits of surgery?

Surgery is usually performed to remove the damaged gland for patients who have problems from a gland blockage or persistent swelling.

What does the operation involve?

- The parotid gland is removed under general anaesthesia, i.e., you are put to sleep completely.
- The operation involves making a cut immediately in front of the ear.
- This cut is extended either downwards into the neck or behind the ear.

- Once the gland has been removed the incision is held together again with stitches. These need to be removed around a week after surgery.
- At the end of the operation a small tube is also placed through the skin into the underlying wound to drain any blood which may collect.
- This is usually removed on the morning following surgery.

How long will the operation take?

Removal of all or part of the parotid gland is a complicated operation which takes approximately two hours.

What can I expect after the operation?

- You usually need a night in hospital following the surgery. It is unlikely to be very sore but regular painkillers will be arranged for you.
- There is relatively little swelling following parotid gland removal. Since part of the gland is taken away it can leave a dent under the skin.

Will anything else be done when I am asleep?

If your gland is being removed due to infection caused by a stone, it may also be necessary to make a cut inside the mouth to remove that stone.

What can I do to make the operation a success?

Lifestyle changes

If you smoke, try to stop now. There is strong evidence that stopping smoking reduces the chances of getting post-operative complications and infection.

Medication

You should continue with your normal medication unless you are told otherwise.

Make sure your Surgeon or a member of the healthcare team know what medication you are taking.

What are the risks and complications?

The surgical team will try and make your operation as safe as possible. However, complications can happen, as every operation carries a risk.

The complications fall into three categories:

Complications of anaesthesia

Your Anaesthetist will be able to discuss with you the risks of having an anaesthetic.

General Complications of any operation:

- **Pain**, which happens with every operation. The surgical team will try to reduce your pain.
- You will be prescribed painkillers and it is important you take them as instructed by your surgical team.
- The discomfort is usually worse for a few days although it may take a couple of weeks to completely disappear.
- **Blood clots**, in the legs (deep-vein thrombosis) can start with pain, redness and swelling in your calf.

If you get these symptoms please inform a member of the health care team.

Specific complications of this operation:

- **Bleeding** from the wound is unlikely to be a problem.
- If it occurs it usually does so within the first 12 hours after surgery, which is why you need to stay in hospital overnight.
- **Infection** is uncommon but if your surgeon thinks it may happen to you, a short course of antibiotics will be prescribed.

Do I need to take time off work?

It is usually advisable to take a week off from work to recover from the surgery. During this time you should avoid strenuous activity.

Is there anything that I need to do when I get home?

It is important to keep the wound dry for the first week following surgery.

This obviously means that you need to take care when washing or shaving.

Will I have a scar?

- All cuts made through the skin leave a scar but the majority of these fade with time and are difficult to see when they are fully healed.
- It may take several months for your scar to fade but eventually it should blend in to the natural folds and contours of your face.
- Gently massage of the scar a week after suture removal will help soften the scar.

The Surgeon tells me that damage to my nerves is possible. What does this mean?

- The facial nerve runs directly through the centre of the parotid gland. It is the nerve that makes the muscles of the face work.
- Damage to some or all of that nerve can result in weakness of the muscles on one side of your face. Most nerve damage occurs as a result of bruising, since the facial nerve is held out of the way and protected during surgery.

- If nerve damage occurs, it is usually temporary although it can take several months to recover fully.
- The nerve that supplies feeling to your ear lobe (greater auricular nerve) sometimes requires removal to gain access to the parotid gland and as a result you may end up with a numb or tingling feeling in your ear lobe.

Is permanent nerve damage possible?

Although the majority of damage to the nerves is temporary, permanent damage is possible but usually only occurs in the most difficult cases.

Are there any long-term effects if I have my parotid gland removed?

- The removal of one parotid gland will not have an impact on the amount of saliva that you produce.
- There are many other salivary glands left in and around the mouth that will still keep it moist.
- Some patients notice that the skin in and around the ear sweats excessively after the parotid gland has been removed (gustatory sweating, Frey's syndrome).
- The sweating is particularly noticeable around mealtime when the skin can also turn red and feel warm.
- If this occurs it can usually be alleviated with simple treatments that do not require surgery.

Wound Healing

Sometimes saliva leaks out of the wound (salivary fistula).

This problem usually settles down on its own but can take several weeks to get better.

What can I do to make my recovery a success?

- Take your painkillers as prescribed regularly for at least two-three days, then according to the discomfort (but do not exceed the prescribed daily dose).
- Keep stitches and dressings dry until they are removed. (Stitches usually removed seven days post surgery).
- Attend your appointments; however, if for any reason you are unable to attend an appointment please let the hospital know as soon as possible.
- Before you leave hospital an appointment will be arranged to take out any stitches and review you in the outpatient department.
- We hope you have found this information leaflet useful, its intention is for information purposes only and you should read it either together with or depending on any advice given by your relevant health professional.
- If you have any problems or need further advice please contact the Ward you were discharged from: **Ward 28 0151 529 5239/3841.**

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Support and information you can trust.

www.aboutmyhealth.org

British Association of Oral and Maxillofacial Surgeons

www.baoms.org.uk

Hospital Aintree Hospital

Ward 28

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