

Operation Information

Parotidectomy

Introduction

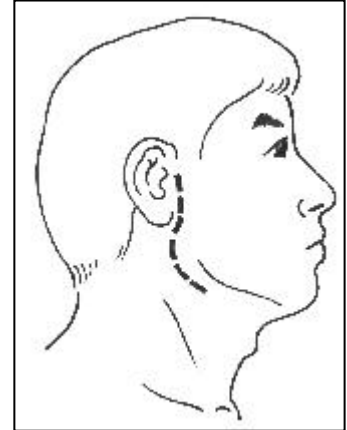
Parotidectomy is a surgical procedure for removing part of or whole parotid gland. This operation can prevent further parotid infection or to remove parotid gland tumor.

Indication

1. Parotid gland tumour (benign / malignant)
2. Recurrent parotid infection

Procedure

1. The operation will be carried out under general anaesthesia.
2. An incision is made in front of the ear to the neck.
3. Identify facial nerve and remove part or whole parotid gland.
4. The wound is closed with drain inserted.



Source:
https://www.rcsed.ac.uk/journal/vol46_2/4620009.htm

Possible Risks and Complications

1. Common risks and complications ($\geq 1\%$)
 - i) Bleeding and haematoma
 - ii) Wound infection
 - iii) Numbness around earlobe
 - iv) Frey's Syndrome causing sweating during eating
 - v) Transient facial weakness
 - vi) Hypertrophic scar or keloid formation
 - vii) Cosmetic deformity
 - viii) There is still a chance of incomplete removal of disease and recurrence
2. Uncommon risks with serious consequences ($< 1\%$)
 - i) Permanent facial weakness
 - ii) Recurrence
 - iii) Salivary fistula
 - iv) Skin necrosis
 - v) Death due to serious surgical and anaesthetic complications

** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, you must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage and leakage after operation, it may require another operation to deal with the complications.

Pre-operation Preparation

1. Your doctor will explain to you the reason, the procedure and the possible complications. Patient will need to sign the consent form.
2. No food or drink is allowed six to eight hours before operation.
3. Change to operation attires and removal of loose objects (e.g. dentures, jewellery, contact lens etc).
4. Empty bladder before surgery.

Post-operation Instruction

1. You will have neck wound dressing and drainage tube. The drainage tube is connected to drainage bottle and will be removed after a few days.
2. Wound pain is normal and will be controlled by medications.

Advice on Discharge

1. Please contact your attending doctor or go back to hospital for excessive bleeding, severe pain or redness of wound, swelling, purulent discharge, fever (body temperature above 38°C or 100°F) or wound gap etc.
2. Follow up: Please attend the follow-up as arranged.

Alternative Treatment

1. Follow up with observation for benign lesion
2. Radiotherapy for malignant lesion
3. Antibiotic to treat infection

Consequences of No Treatment

1. Tumour progression
2. Recurrent infection

Remarks: Should you have any enquiries, please consult your doctor.

Reference

Hospital Authority – Smart Patient (Website: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification