



Operation Information

Parotidectomy

Introduction

The parotid gland is a primarily serous salivary gland. It is located high in the neck in the preauricular area extending towards the cheek. Benign or malignant tumors can develop in these glands. When there is an abnormal growth of the parotid gland, it is called parotid tumor. Parotidectomy is a surgical procedure for removing part of or whole parotid gland.



Source:

<https://www.youtube.com/watch?v=Y9IXY5ru4E0&app=desktop>

Indications

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

Outcomes

The expected outcome of this operation is to remove the diseased part of the parotid gland and prevent further complications.

Procedures

1. The operation is carried out under general anaesthesia.
2. An incision is made in front of the ear, down to the neck.
3. The facial nerve is identified and part or whole parotid gland is removed.
4. A drain is inserted.
5. The wound is closed with stitches and covered with sterile dressing.

Possible Risks and Complications

1. Common risks and complications ($\geq 1\%$)
 - i) Bleeding and haematoma
 - ii) Wound infection
 - iii) Numbness around pinna
 - iv) Frey's Syndrome causing localized 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) Salivary fistula
 - iii) Skin necrosis
 - iv) Death due to serious surgical and anaesthetic complications

** The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine pre-operative investigations such as blood test, ECG, X-ray, CT scan or MRI may be performed.
4. No food or drink six hours before operation.
5. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

Wound Care

1. The neck wound dressing and drainage tube are in place.
2. The drainage tube is connected to a drainage bottle and will be removed after a few days.
3. Keep the wound clean and dry. Stitches will be removed or dissolve within a week.

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia.

Advices on Discharge

1. Please comply with medication regime as prescribed by your doctor.
2. It is usually advisable to take 1-2 week off from work to recover from the surgery.
3. Your ear and cheek will be numb for several months. Some people may experience numbness of the earlobe permanently. Having reduced feeling in the affected area, you are less likely to aware of temperature changes and pain. Please take precautions to prevent injury, such as avoid sources of heat or sharp objects and wear a scarf.
4. Chewing may be uncomfortable for the few days. It is normal.
5. Immediately consult your doctor or return to hospital for professional attention in the event of excessive bleeding, purulent discharge, or severe pain of wound, facial swelling, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
6. Any follow-up consultations should be attended as scheduled.

Alternative Treatments

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

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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