

PAROTIDECTOMY

RISKS OF PAROTID TUMORS

Parotid tumors grow, becoming larger as time goes on. Most of the tumors are benign, but some are cancers. The only effective treatment for parotid tumors is surgical excision.

HOW SURGERY IS DONE

The procedure is done while the patient is asleep under general anesthesia. An incision is made in front of the ear and extends down into the neck. The tumor is removed along with a portion of the gland. The incision is then closed. Often a drain is left in the wound and it is usually removed in one to three days. Drain removal does not require anesthesia. The patient can usually go home on the day of surgery or the next day.

RISKS OF PAROTID SURGERY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING

The likelihood of complications is low. There is a slight chance (about 1 in 100) that the face may be weakened or paralyzed due to surgery. The recovery may be incomplete, leaving poor motion of the face. If there is any facial weakness, the eye must be kept moist with "Liquid Tears" or "Lacrilube" because drying of the eye may cause permanent vision loss. The ear and the skin in front of the ear are often numb for weeks or months after surgery and this numbness may be permanent. There is a risk of bleeding and occasionally this will require additional procedures to remove the blood clots or stop an actively bleeding blood vessel. Following the surgery, it is not uncommon for the face to sweat while eating. In rare cases the mass may recur or additional surgeries or procedures may be required to treat the mass.

RECOVERY

Most people go home on the same day as surgery or the next day. Usually 3-4 days off work are required. After one week most people can return to work with full activities. The eye must be kept moist if it does not close tightly on blinking.

POSTOPERATIVE CARE

Keep the eye moist with "Liquid Tears" eye drops in the daytime and "Lacrilube" ointment at bedtime. It is okay to shower the day after surgery. Wash the wound with hydrogen peroxide and coat the incision with Bacitracin ointment daily. Aspirin, Ibuprofen and other non steroidal anti-inflammatory medications aggravate bleeding from surgery and are best avoided. Use Tylenol instead. The sutures are usually removed 5-7 days after surgery. Fluid sometimes accumulates in the wound after surgery and this may need to be aspirated in the office. Take antibiotics (if prescribed) and pain medication as directed.