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Parotidectomy Information Sheet

The parotid is a major salivary gland located in front of each ear. It also overlies the jaw and extends into the neck. Along with many other glands in the throat, the parotid gland produces saliva which helps with digestion and swallowing. Surgery of the parotid gland may be necessary to remove a mass/ tumor, or treat infection or stone.

Most masses in the parotid gland are benign tumors (not cancers). Even so, surgery is usually performed for a number of reasons: 1) to ensure that the mass truly is not a malignancy (cancer) 2) To prevent the tumor from growing—As the lesion increases in size, surgery is more difficult and riskier. 3) In rare cases, benign tumors may become cancerous if not removed.

Surgery is performed through an incision in front of muscle in ear and extending into the upper neck. The major risk of parotid surgery is facial nerve paralysis and weakness of the face. The facial nerve enters the parotid near the ear, then divides into five major branches which run throughout the gland. These branches, which are often less than 1/16 of an inch in diameter, must be identified, then the tumor mass and surrounding parotid tissue must be peeled away from the nerve branches. Because of the close relationship of the facial nerve to the tumor, the operation is delicate, and lengthy—about 2 – 4 hours. Some tumors are fused to the nerve. Peeling the tumor in these cases may result in postoperative facial weakness. Whenever possible, the facial nerve will be kept intact – in these cases, weakness will almost always resolve with time.

Some tumors, cancer in particular, may invade the facial nerve. If the cancer has invaded surrounding structures such as the facial nerve, branches may need to be removed to increase the chance for survival. All efforts will be made to reconstruct the nerve and facilitate facial rehabilitation in this situation, however facial motion may not be normal.

Surgery will be done at the hospital, usually with a one night stay. You will have labs done 2 weeks prior to surgery, and nothing to eat the after midnight the night prior to surgery. Do not take any aspirin, motrin or advil for 2 weeks prior to surgery (Tylenol is okay). At the end of surgery, a careful plastic surgery closure of the incision is performed, and often a drain (small soft, plastic tube) is left in for 24 to 72 hours. You will receive a prescription for an antibiotic and pain pill. Instructions for these medications are listed on the bottles. Again, aspirin and Advil types of medication should NOT be taken for 3 weeks after the surgery and also should be avoided 2 weeks prior to the surgery. Tylenol is ok.

After the operation it is normal to note the following: 1. the surgical site and ear region will be numb. This will slowly resolve over time, although earlobe numbness may be permanent. 2. There will be slight depression where the mass/gland used to be located. 3. Your face may become slightly moist at the surgical site while eating. This usually diminishes with time but can be a nuisance. 4. There will be a scar. We take great care to perform a plastic surgery closure, and usually the scar improves over 6 months, becoming hard to see in the majority of patients.

Taking care of the wound:

You should keep the incision clean and dry for at least one week. You should protect the incision from sun exposure with sunscreen SPF 15 or more for about 4 months. Most patients are seen back in the office in about one week. You should not hesitate to call if there are concerns prior to your follow up appointment.