PAROTIDECTOMY

REMEMBER IT IS VERY IMPORTANT NOT TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. THIS INCLUDES COFFEE, JUICE, AND WATER.

On the morning of surgery please report to L&M or Pequot Surgical Center as scheduled.

WHY A PAROTIDECTOMY?
In the most usual circumstances, a parotidectomy is advised when one has an abnormal mass within the gland. Eighty percent of these masses are benign and approximately 20 percent are malignant. However, despite hints that are sometimes obtained from needle aspirations of these masses, they almost always should be removed unless there are medical reasons why one cannot undergo a surgical procedure. Since malignant lesions can spread and be deadly, it is obvious why they should be removed.

It may not be as obvious why a benign lesion should be removed. In the first place, a number of these can later degenerate into malignant lesions. It is much preferred to remove them while they are still benign. Furthermore, many of the benign lesions can continue to grow and can begin to cause problems just from their size.

This type of surgery is best performed by a head and neck specialist with extensive experience. There is certainly very little risk to one's life from this type of surgery, but there are certain other risks and aspects of the surgery which would be helpful to explain.

First of all, the incision must be fairly long, beginning in front of the ear, curving behind the lower jaw, and then curving more forward in the upper neck area. Even for small tumors, the incision needs to be this long because at least half of the gland needs to be removed. It would seem that small tumors could merely be cut out from the gland itself. However, specialists have found out through long experience that, in doing, most of the tumors returned and many injuries to the nerve occurred. Therefore, the approach to even small tumors is similar to that of large ones.

The incision is made long enough so that the skin of the face can be reflected forward to expose the entire gland. The nerve to the face, which controls all movement on one side, goes right throught the middle of the gland. This nerve must be identified and carefully preserved. Most tumors are in the lateral half of the gland, and by taking out the entire outside half, very high cure rates on the order of 90 percent are possible.

The chance of injury to this nerve is less than 5-10 percent. Usually paralysis (which makes one side of the face look as though one has had a stroke) is only temporary. However, on rare occasions, it can be permanent. The nerve is not intentionally cut unless the tumor is malignant. We will have discussed this with you if we think malignant tumor is a good possiblility and cutting of the nerve will intentionally be done.

Otherwise, the chance of even temporary paralysis to the nerve is very small, and permanent paralysis would happen very, very rarely---most commonly being with a single branch to the lower lip area.

Numbness to the ear and the back part of the face on this side can always be expected to occur because the main nerve that supplies the outside half of the gland is located in this area. For most people, this is permanent in some areas, but almost all have some return of function over a period of six to twelve months. Another unusual thing that can occur after a parotidectomy is to have sweating with eating.
This is called Frey's Syndrome and is caused by nerves that use to supply the parotid gland growing into sweat glands. Thus, when you're eating, these nerves cause sweating, whereas they formerly would have stimulated the parotid or "spit gland" on this side. This is usually not a problem unless a lot of makeup is worn. There are some treatments which can be helpful if you are one of the few people who is bothered by this (less than 1 out of 100).

We always talk about bleeding and infection with any surgical procedure. However, infection occurs less than 1 out of 100 times. We give antibiotics at the time of surgery and it is usually a limited problem. Bleeding rarely occurs. In order to prevent any problems with bleeding, we insert a drain that will be in place for 48 hours. This usually prevents any of the problems associated with bleeding.

You will usually be in the hospital for a total of one day. At home you should clean the incision two or three times a day with peroxide and a Q-tip and then coat it with an antibiotic ointment. The sutures will be removed in the office five to eight days after your surgery.

We hope this information has been helpful. It is meant to be merely informative and is not meant to cause you to be at all concerned about the surgery. We are specialists in this area, and this helps to minimize any problems. Obviously, you may have specific questions, which we will be more than happy to answer

IF YOU HAVE ANY ADDITIONAL QUESTIONS OR PROBLEMS, PLEASE CALL THE OFFICE.