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Otolaryngology, Head and Neck Surgery

Information regarding Parotidectomy

Reasons for having the operation

To remove a lump in the gland to:

Confirm the diagnosis (is it a cancer?)

To prevent the lump getting larger and more difficult to remove

To prevent a benign tumour de-differentiating into a malignant cancer

Results

The likelihood of removing the mass without any recurrence in the future is extremely high in benign tumours. For malignant tumours, complete removal may be more difficult, however in over 90% this is possible. If the tumour is malignant, post-operative radiotherapy may be required to maximize the chance of complete cure.

Nature of the operation

You will be admitted to hospital on the day of surgery

The operation is done under general anaesthetic

The operation normally takes about 3 hours, and is done through an incision just in front of the ear and extending behind the ear and onto the neck.

Usually you will be able to go home 2 days after the procedure, depending on the drainage from the wound.

Side-effects and Risks

Reduced sensation of the ear lobe and cheek

This is very common following the operation as a sensory nerve goes through the parotid gland and usually cannot be completely preserved. This numbness usually improves over months to years, but may not fully resolve.

Weakness of the muscles of the face

The facial nerve, which controls movement of that side of the face, runs through the parotid gland. The first aim of the operation is to identify and preserve this nerve. The risk of permanent complete weakness of one side of the face post-operatively is less than 1/1000 and has never occurred in my hands. Permanent weakness of part of the facial muscles, eg the lower lip,



may occur in approximately 2-3% of cases. This is usually when the tumour involves the nerve.

Some temporary facial weakness may occur in about 20% of cases, which recovers to normal over 3-6 months. This is more common in larger tumours than small ones.

Scar

The incision used is a face-lift type incision, to allow optimal wound healing with a minimal scar. The scar is usually pink initially, then fades over 6-12 months. Usually the scar is then not noticeable unless specifically looked for. Keloid scarring is a rare complication and usually affects people who have had prominent scars in the past. There is often some depression in the cheek where the lump previously was, however this is not usually obvious.

Sweating of the skin (Frey's syndrome)

In about 20% of people nerve fibres from the saliva gland can join the skin and cause sweating or pinkness of the overlying skin when eating. This is rarely a major problem requiring further treatment.

Saliva

There will be no noticeable decrease in the amount of saliva as there are 3 other major salivary glands and many smaller ones that continue to produce saliva

Salivary fistula/leak

Occasionally (<5%) saliva may drain from the raw surface of the saliva gland out the wound for a period of time. This will settle spontaneously, but may take a few weeks.

Infection

There is a small risk of getting infection in the wound, which may require drainage. Preventative antibiotics are given during the operation to minimize this risk

Bleeding

There is also a small risk of developing a blood clot under the wound, which rarely requires a second operation to remove it.

Post-operative Information

Wound

Care should be taken to be gentle with the wound. It can get wet in the shower and be patted dry afterwards.

Sutures

The sutures will be removed 5-8 days post-operatively in the office

Check-up

An appointment should be made to see me in my office 1 week following surgery. Any ongoing concerns may be discussed then.

Time off Work / School

1-2 weeks is usually required. A work certificate will be provided at your post-operative visit as required.

