



Instruction Sheet PAROTIDECTOMY

Baptist Downtown • Southside • Baptist South

Your surgeon has recommended a procedure called a parotidectomy. This procedure consists of the removal of part or all of the parotid gland, a large saliva gland lying beneath the skin in front of and below the ear. This surgery is usually intended to remove lymph nodes or masses known or suspected to be harboring tumor cells. It also may be done for reasons such as persistent or recurrent salivary gland infections.

Below are important instructions regarding your surgery. Although your surgeon will discuss these with you, it is essential that you read these and ask questions as necessary to understand them.

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, do not take any aspirin, aspirin products or NSAIDs one week prior to surgery or after surgery. **(Be aware that for certain surgeries, your surgeon may request that you stay off these types of drugs longer than one week before or after surgery. Please follow their instructions for your specific surgery).** Tylenol is okay.

IMPORTANT: If your physician has placed you on a daily dosage of aspirin or other blood thinner such as Coumadin or Plavix, check with your prescribing doctor regarding instructions for preoperative and postoperative aspirin use. If you have been placed on aspirin by a cardiologist, please discuss your specific stop and restart times with both your cardiologist and surgeon.

- Have nothing to eat or drink after midnight the day before surgery.
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital preop nurse during the presurgical evaluation.
- Please make arrangements for transportation to the hospital on the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- There will be some swelling and bruising around the incision after surgery. The neck will be rather stiff and sore, and this may persist for several months. Your incision may be red or pink for up to six months. There will likely be some change in the contour of your neck and jaw area following surgery.
- Most patients will need to be hospitalized overnight after the surgery. Longer hospitalization is sometimes necessary.

- Nausea and vomiting are rather common and can occur for up to 24 hours after the surgery. If this persists, please call our office.
- Some swelling around the incision is normal. However, if there is any sudden significant increase in neck swelling, apply an ice pack to the neck and call our office. If the office is closed, the answering service will direct your call to your surgeon or the on-call physician for further assistance. If you are having any difficulty breathing, go to Baptist Medical Center's emergency room.
- Patients sometimes will experience low-grade fevers after surgery that may persist for one to two days. Temperatures can reach as high as 102 to 104 degrees, but usually will resolve with Tylenol and fluids. If you have a high fever (greater than 101 degrees) that lasts longer than 24 hours without any improvement, you will need to notify the office.
- At any time during the postop period, please call the office if you have any questions or concerns about excessive bleeding, breathing difficulty, pain, persistent fever, nausea, swelling or other concerns that seem out of the ordinary from what you have discussed with your surgeon or read in this handout.

Activity:

- Bed rest and very light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may increase your chances of postoperative bleeding. If you have questions about certain activities, please ask us.
- Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 1-2 full weeks after surgery.

Diet:

- You may begin eating regular foods as tolerated; however, it is not essential to begin taking solid foods right away. There may be some slight difficulty with swallowing for a few days after the surgery, but this should improve.

Medication:

- You will be treated with pain medications after discharge from the hospital, and this should relieve any discomfort that you may experience. As your discomfort lessens, you may switch to regular Tylenol (acetaminophen). Do not combine Tylenol with your prescription pain medicine, as this already contains Tylenol.

- Unless aspirin has been prescribed as a daily medication, do not take aspirin or ibuprofen-like products (NSAIDS) as they may cause bleeding. These products include: Ecotrin, Bayer, Bufferin, Excedrin, Alka Seltzer, Goody's powders, Motrin, Nuprin, Advil, Alleve, and Naprosyn.
- Tylenol (acetaminophen) may also be taken for mild fever. If postoperative fever (>101 degrees) persists for more than 24 hours, notify the office.
- Antibiotics may be given during the postoperative period, particularly while you have a drain in the neck wound. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).

Wound Care:

- Once the bandage (if any) has been removed, apply antibiotic ointment to the incision thickly at least twice daily. We recommend that you clean your incision with peroxide and q-tips as needed to keep it from crusting. If the ointment appears to be causing any blistering or other local reaction, discontinue it and call our office.
- There will also be a silicone drain coming out through a separate small hole in the neck skin. The drain is typically removed within the first seven days after surgery, but may sometimes need to remain in place longer. Drain care should be reviewed with you by the hospital nursing staff if you are to be sent home with a drain in place. The instructions should be straightforward, and most patients are easily capable of caring for the drain until it is removed. Please ask questions if you are uncertain.
- After surgery, you may shower below the neck. Avoid showering above the neck until at least 48 hours after surgery. We strongly discourage soaking the incision in the bathtub, swimming pool, or hot tub until you have discussed this with your physician.

Follow-up:

- Typically, your surgeon will see you again in the office approximately 7-10 days after surgery to reexamine your incision and remove neck sutures or staples. If it has not already been scheduled, please call us as soon as possible after surgery to make this appointment.
- In order for you to receive the maximum benefit from the surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.



Instruction Sheet
PAROTIDECTOMY

Baptist Downtown • Southside • Baptist South

POSSIBLE RISKS AND COMPLICATIONS:

As with any surgical procedure, there is a risk of bleeding, infection, scarring, and unforeseen complications. In particular with neck surgery there is a risk of damage to multiple nerves in the head and neck area. Usually, patients will note some numbness of their ear or neck skin after surgery, which may or may not improve with time. However, nerve injury could also result in problems such as weakness of the facial muscles. With parotid gland removal, there is even a small risk that one side of your face might be paralyzed for an indefinite period of time. Everyone heals differently, and there is always a risk of scarring from the incision. There is also a risk of gustatory sweating / Frey's syndrome.

If you have any questions regarding this procedure please discuss them with your surgeon prior to your operation. It is very important that you fully understand the alternatives, the risks, and the complications prior to signing the consent form. Your signature on the consent form verifies that you have read the above instructions, your questions have been answered, and you wish to proceed with the surgical procedure.