

ABOUT PAROTID SURGERY

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ENT-UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about parotid gland surgery. It may be helpful in the discussions you have with your specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your specialist. Before you give your consent to the treatment, you should raise any concerns with your specialist.



If you have any problems or questions, please contact:

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Disclaimer: This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

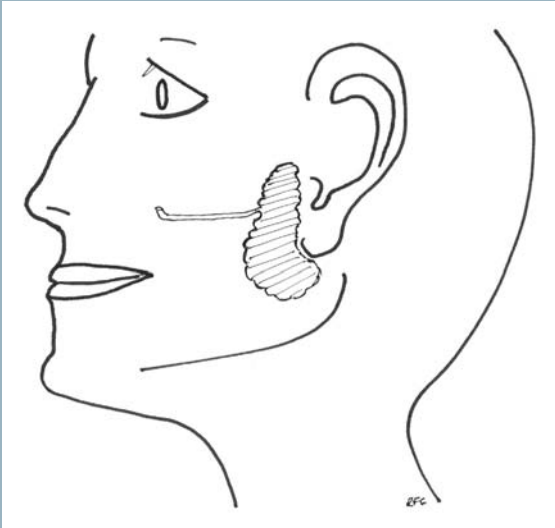
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What is the parotid and what causes parotid lumps?

The parotid gland makes saliva; you have two parotid glands, one on each side, in front of your ears. Lumps occur in the parotid due to abnormal overgrowth of some part of the salivary glands (a parotid gland tumour). Most tumours are benign, which means that they are not cancerous (malignant) and do not spread to other parts of the body. Rarely, malignant tumours can also affect the parotid. Your doctor will probably collect a needle sample from the lump in order to try to find out what sort of tumour you have.



Why remove the lump?

Although 80% of these lumps are benign in most cases we recommend that they be removed since they generally continue to grow and can become unattractive, and after many years a benign lump can turn malignant. Also the bigger the lump the more difficult it is to remove. Lastly, there is always some concern about the exact cause of the lump until it has been removed.

What is a Parotidectomy operation?

A parotidectomy is the surgical removal of part or all of the parotid gland. The operation is performed under general anaesthetic, which means that you will be asleep throughout.

- An incision (cut) will be made which runs from in front of your ear and down into your neck. This incision heals very well indeed; the incision is nearly the same as the one used in “face lift” surgery, and in time the scar is likely to be minimal.
- At the end of the operation the surgeon will place a drain (plastic tube) through the skin in order to prevent any blood clot collecting under the skin.
- Most patients will require 24 - 48 hours in hospital after the operation before the drain can be removed and they can go home.

Possible complications

Facial weakness:

There is a very important nerve, the facial nerve, which passes right through the parotid gland. This makes the muscles of the face move and if it is damaged during the surgery can lead to a weakness of the face (facial palsy). In most cases the nerve works normally after the surgery. However sometimes (in about 15-20% of cases), where the tumour has been very close to the nerve, a temporary weakness of the face can occur that can last for a few weeks. In 1% of cases there is a permanent weakness of the face following this sort of surgery for benign tumours.

Numbness of the face and ear:

The skin of the side of the face will be numb for some weeks after the operation, and often you can expect your ear lobe to be numb permanently.

Blood clot:

A blood clot can collect beneath the skin (a haematoma). This occurs in about 5% of patients and it is sometimes necessary to return to the operating theatre and remove the clot and replace the drain.

Salivary collection:

In 2-5% of patients the cut surface of the parotid gland leaks a little saliva, in which case this can also collect under the skin. If this happens it is necessary to remove the saliva, usually just with a needle, like a blood test, although it may need to be repeated several times.

Freys syndrome:

Some patients find that after this surgery their cheek can become red, flushed and sweaty whilst eating. This is because the nerve supply to the gland can regrow to supply the sweat glands of the overlying skin, instead of the parotid. This can usually be treated easily by the application of a roll-on antiperspirant.

Will the tumour come back?

There is a small risk of the tumour coming back (1 in every 200 to 300 patients).

How long will I be off work?

You will need two weeks off work.