

Post-Operative Instructions for Parotidectomy

- OTOLOGY
- ADULT & PEDIATRIC OTOLARYNGOLOGY
- VOICE DISORDERS
- HEAD & NECK SURGERY
- SNORING & OBSTRUCTIVE SLEEP APNEA SURGERY
- SWALLOWING DISORDERS
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Parotid Gland:

The parotid gland is in front of your ear, in your cheek. It makes saliva, which drains into an opening inside your mouth. Saliva helps with chewing and swallowing.

Parotidectomy:

You may need to have your parotid gland taken out due to a growth. Most growths in the parotid gland are not due to cancer. Parotid surgery involves taking out the growth along with the whole or a part of the gland.

The surgery starts with a cut through the skin. The exact site varies, so you may ask your surgeon to show you. The next step in surgery is to find a nerve that passes right through the middle of the parotid gland. This facial nerve moves all the muscles of facial expression on that side. All the branches are carefully traced out. The growth is then removed. Surgery usually takes 2-3 hours.

Usually the facial nerve is not affected, but if it is has cancer, it has to be taken out. That side of your face would not move after the surgery. Even if the facial nerve is healthy and not removed, one in three patients (one-third of patients) will still have some short-term weakness of their face after this surgery. This may mean trouble raising your eyebrow, closing your eye, moving your lip, or flaring a nostril. Most patients will slowly get better in 1-6 months. One in ten (10%) patients will always have weakness of their facial muscles after this surgery even when the nerve is not removed.

There is a sensory nerve, called the greater auricular nerve, which is typically cut during this surgery. Your outer ear and skin around your ear on that side will feel numb after surgery. This will last a few months to a year. Other nerves grow in from nearby nerves to give sensation to that area of skin.

You may need to stay in the hospital overnight. However, we typically try to discharge you on the same day as the procedure without an overnight stay.

Post-Operative Instructions

Incision:

Please keep the incision dry for 3 days, and then you may shower and pat the incision dry. You may use Q-tips or gauze dipped in a ½ hydrogen peroxide and ½ water mixture to remove dried blood. After washing, apply a thin film of an antibacterial ointment such as Polysporin. Do this 2 times a day. If your surgeon used skin glue you may shower right away. Also, you do not need to use antibiotic ointment if skin tape was used.

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Avoid any activity that pulls across the incision. Do not shave for at least 2 weeks. The rest of the face may be shaved. If you have staples and/or stitches, these will be removed 1-2 weeks after surgery at your postoperative appointment in the ENT clinic.

Drain:

Some patients go home with a thin drain tube and an egg shaped collecting bulb called a JP drain. The tube should be gently stripped every 4 hours. A nurse will teach you how to do this before you leave the hospital. When the JP drain looks half full or at least 2 times a day, please empty the bulb into a small plastic measuring cup. Then record the amount in the cup. Pour the fluid in the sink or toilet. When the amount of fluid emptied from the drain is 30 ml or less in a 24-hour period, the drain is ready to be taken out. This is typically within a couple of days after your surgery. The fluid from the JP drain should be red, pink, or straw colored (yellow.) If it is milky or looks like pus, you need to be seen by your surgeon right away.

Head of Bed:

Please raise the head of your bed 30-45 degrees or sleep in a recliner for the first 3-4 days to lessen swelling. The skin above the incision may look swollen after lying down for a few hours.

Activity:

Please avoid any activity that raises your blood pressure for two weeks. Things that can raise your blood pressure are heavy lifting and hard exercise.

Diet:

You may eat your regular diet after surgery. If your lip “pucker” muscles are weak, you may drool slightly when drinking.

Eye closure:

Tell your doctor if you are unable to close your eyelid after surgery. Use moisturizing eye drops frequently and use “Lacrilube” or other similar eye ointment at night. Tape your eyelid shut to sleep. Your surgeon can show you how to do this.

Pain:

Pain is usually mild to moderate the first 24 – 48 hours. Then it will decrease. You may not need strong narcotic pain medication. The sooner you reduce your narcotic pain medication use, the faster you will heal. As your pain lessens, try using extra-strength acetaminophen (Tylenol) instead of your narcotic med. It is best to reduce your pain to a level you can manage, rather than to get rid of the pain completely. Please start at a lower of narcotic pain med, and increase the dose only if the pain remains uncontrolled. Decrease the dose if the side effects are too severe.

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Do not drive, operate dangerous machinery, or do anything dangerous if you are taking narcotic pain medication (such as oxycodone, hydrocodone, morphine). These drugs affect your reflexes and responses, just like alcohol.

Call your surgeon if you have...

1. Fever over 101.5 degrees F.
2. Foul smelling discharge from your incision.
3. Large amount of bleeding
4. More than expected swelling of your neck and/or cheek.
5. Increase warmth or redness around the incision.
6. Pain that continues to increase instead of decrease.
7. Trouble urinating.
8. If you have trouble breathing or chest pain. Don't call ahead- go to the nearest emergency right away.

How to Call Your Surgeon:

1. If it is urgent, call 911 or go directly to the closest emergency room without calling ahead.
2. If it is not urgent, during clinic hours of 8 am to 5 pm, call ENT secretary at 310-201-0717. She will check her messages every 2 hours, and before she goes home. She will tell a doctor to return your call.
3. If you still have not spoken with a surgeon, or if it is after 5 pm or a weekend, call the Dr. Rothholtz on her cell phone at 312-498-2898

Postoperative appointment:

You will need to have the sutures or staples taken out at your postoperative visit. You will need an appointment 7-10 days after surgery. **If this appointment has not been made for you, please call the ENT front desk at 310-201-0717.**

Please note, we do not refill painkillers over the phone. For prescription refills, please call during office hours.

Thank you.