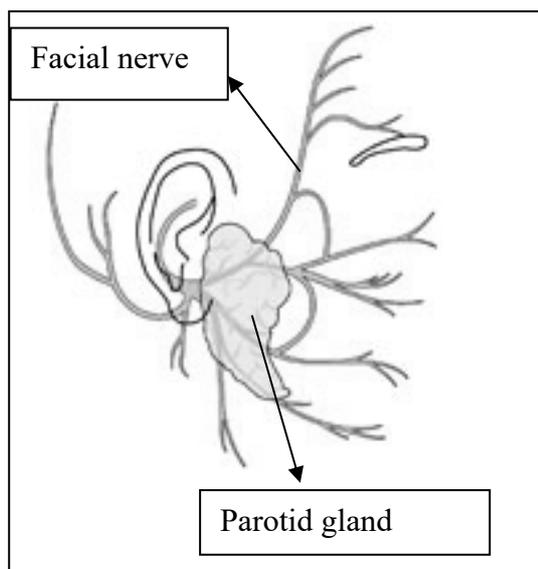


# Parotidectomy



Parotidectomy is removal of part or all of the parotid gland. The parotid gland is the main salivary gland and lies behind the angle of the jaw and below the ear lobe. The saliva produced comes out of a tiny opening (*duct*) inside the mouth at the level of the upper back teeth. The most common reason for removal of the parotid gland is a lump (*tumor*). The majority of parotid lumps are non cancerous (80%). Cancerous tumors (20%) most often occur in people with previous skin cancers. There is a small risk that non cancerous tumors can become cancerous if left for a long time (<2% if left for 5 years, 10% if left for 15

years). The cause of parotid tumors is unknown and only specific types are linked to smoking, skin cancers or radiation exposure.

## WHAT TESTS ARE HELPFUL?

Often, no tests are required as surgery is recommended in nearly all cases. There is usually plenty of other saliva glands so most people do not notice a change in the amount of saliva they produce after surgery. A needle biopsy may be performed under ultrasound guidance which to tell what type of tumor the lump is. Even benign lumps should be removed, however, due to the risk of turning cancerous. A CT or MRI scan may be used for larger lumps or if the facial nerve is weak.

## SURGERY AND RISKS

Surgery to remove the lump is performed under a general anesthetic and usually takes 1-2 hours. Most patients stay overnight but many are able to go home the same day if they wish. The facial nerve runs through the parotid and is usually carefully dissected away and the tumor removed. Fat from the abdomen may be used to fill the hollow on the face. A drain is placed that can usually be removed when you see Dr Iseli at 1 week after surgery. Risks of surgery include

- **Facial nerve weakness:** Temporary weakness occurs in one part of the face in up to 25% of patients. The vast majority will recover over approximately 4 months. Approximately 1% of patients will have permanent weakness. This may occasionally require additional surgery to help the eye close or improve appearance.
- Pain is usually minimal and can be controlled with paracetamol (panadol or panadeine). Do not take aspirin or ibuprofen as they increase the risk of bleeding. Stronger pain killers will be provided to you should you need them.
- Numbness. There is normally numbness over the ear lobe which slowly improves over 4-6 months. There will always be a small area of altered feeling after surgery. Males should be careful with a razor and shave in front of the mirror.
- Scar: There will be a scar in front of the ear and down onto the neck which is usually hidden in a skin crease. Even with fat from the abdomen placed in the cheek, there is usually a depression where the tumor sat. Initially the scar is red and should be taped after showering for 6 weeks. Rarely, patients have keloid (unsightly scars) that require further surgery and injections.
- Infection (redness, pain, swelling). This can usually be treated with *antibiotics*.

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- Saliva collection. This causes painless swelling on the cheek and will usually go away without treatment over 2-3 weeks.
- Bleeding is a risk in almost all surgeries. Usually, bleeding would happen while at hospital and may require a second surgery to stop it.
- Recurrence of cancer may happen with the very best of surgery and follow up treatment. Sometimes small cancer cells that cannot even be seen with the naked eye may have already spread at the time of surgery. Other treatment may be necessary if your lump turns out to be cancerous. This treatment may include further surgery, radiotherapy, chemotherapy or a combination of these.
- Sweating on the cheek during meals. This is common after parotid surgery due to nerves healing in after surgery. Usually it is not bothersome but occasionally needs further treatment.



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#### PREPARING FOR SURGERY

- Stop smoking (ideally 2 weeks before surgery)
- Do not eat or drink anything after midnight before surgery
- Take your normal medications with a sip of water on the morning of surgery
- Avoid aspirin or ibuprofen (painkillers other than paracetamol) for 10 days before surgery as they may increase your risk of bleeding

#### AFTER SURGERY

- It will be normal to have a mildly discomfort for 5-7 days after surgery. Take prescribed pain medication as required. You may use paracetamol (Panadol<sup>®</sup>, panadeine) for discomfort. Do not take aspirin or nonsteroidals such as ibuprofen, naproxen etc.
- If you have been discharged with a drain tube, maintain this as directed.
- You may shower immediately (your sutures are dissolving under the skin)
- You may resume normal diet and activities as tolerated on the day after surgery.
- Avoid lifting >5kg for 2 weeks after surgery and avoid driving until you can turn your head easily to both sides without pain.
- Tape your wound with micropore tape for 6 weeks after the steristrips are removed or come off. Change the tape as infrequently as possible.
- After the first 6 weeks, massage your wound with bio-oil after showering.
- Make an appointment to see Dr Iseli 1 week after surgery.

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#### SEEK MEDICAL CARE IF:

- You have increased bleeding from wounds.
- You see redness, swelling, or have increasing pain in wound or your neck.
- You have pus coming from your wound.
- You develop an unexplained temperature over 38.5° C
- You develop lightheadedness or feel faint.
- You develop a rash or reaction to antibiotics (if prescribed).