

Parotidectomy

Parotidectomy is removal of part or all of the parotid gland, a salivary gland that lies in front of and below the ear. The parotid gland is the largest of the salivary glands. There are two of them, one on each side of the face and they produce saliva that drains into the mouth through a duct that lies next to the upper molar teeth. This helps to lubricate and digest food.

Reasons for the procedure

Benign or malignant tumours can develop in these glands and may present as a lump in front of or below the ear. Most tumours are benign and can be present for several months with little or no change before they are referred to a specialist for an opinion. Some are malignant and may cause facial nerve weakness, pain or lymph node enlargement. Surgery is recommended as part of the treatment for all tumours in the parotid gland. Occasionally surgery is offered as part of the treatment for recurrent infections of the gland.

The Procedure

The procedure is done under general anaesthetic. The anaesthetist will see you before your operation and discuss any questions you might have about the anaesthetic. Once you are asleep an incision is made in front of the ear and down into the neck. This incision heals well with minimal scarring and provides safe access to the gland. The nerve that supplies your facial muscles (the facial nerve) runs through the middle of the parotid gland. Identification and protection of this nerve is therefore an important part of this procedure. Most tumours lie in the portion of the gland superficial to the nerve, so identification of the nerve allows removal of the tumour safely with no injury to the nerve. This is described as a superficial parotidectomy. When the tumour requires dissection both above and below the facial nerve, this is called total parotidectomy. Once the tumour is removed the incision is closed with nylon stitches, or clips and a small drain is placed which lies behind the ear and collects blood and serum from the wound. No dressing is required.

Side Effects and Risks

Great care is taken to protect the facial nerve during surgery, but occasionally temporary weakness of one or more branches of the nerve may occur due to the nerves being bruised (About 15%). This will usually recover in 3-4 months without the need for and additional treatment. If the nerve is cut it can be repaired at the time of surgery. Permanent weakness can occur, but this is very rare if the nerve is visibly intact at the end of the procedure (2-4%). Wound infections can occur, and these can usually be safely treated with oral antibiotics and wound care. Heavy bleeding into the wound is a rare event, but may require a return to theatre for safe management. Salivary fistulas can occur where saliva collects in the wound site and drains through the incision, but again this is usually temporary and settles without additional treatment. A common long-term effect of parotidectomy is redness and sweating of the cheek whilst eating. This is called Frey's syndrome and may take 6 months to develop. Recurrence of the tumour can also occur, and this depends on the tumour type and how aggressive it is.

Post Operative Care

After you surgery you will remain in hospital for 1 days. The wound will be watched for signs of heavy bleeding or infection. Once you are able to safely swallow liquids and the wound drain has been removed you can be discharged home. The wound should be kept clean and dry until it is healed. You are likely to need 2 weeks off work. Chewing may be uncomfortable for the first few days due to irritation of the muscle that lies under the parotid gland. Your ear and cheek will be numb for several months after the surgery, and you may find the numbness of your earlobe is permanent. You can drive as soon as you feel comfortable turning your head from side to side.

Follow up

You will be seen in the ENT clinic for a follow up visit, at which time the pathology results will be discussed with you.