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Instructions following Parotidectomy

General:

The parotid gland is a large, saliva producing gland found deep to the cheek skin, extending from the area just in front of each ear to just below each ear. Both parotid glands have a small duct that collects saliva from the gland and transmits it to the mouth through a small opening on the inside of each cheek. Parotidectomy or partial parotidectomy is performed to remove malignant and benign tumors or cysts of the parotid gland. On rare occasion, parotidectomy is undertaken to remove an irreversibly inflamed or diseased parotid gland. This surgery is performed through an incision that extends from the front of each ear, around the angle of the jaw, to the upper neck skin. This is performed under general anesthesia and you may be hospitalized for one night following your procedure. Great care is taken to carefully dissect the parotid gland away from your facial nerve. Your surgeon will assess your facial nerve function immediately after you awaken from surgery. At the time of surgery, a small drainage tube may be placed in the upper neck (under your earlobe) to prevent accumulation of blood and fluid under the skin. The drain is usually removed the day after surgery.

Diet:

Unless otherwise directed, you may have liquids by mouth once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions. Generally, patients experience a mild sore throat for 2-3 days following parotidectomy. This usually does not interfere with swallowing.

Pain Control:

Patients report moderate facial and neck pain for several days following parotidectomy. This is usually well controlled with prescription strength oral pain medications. Please take the pain medication prescribed by your surgeon when needed. You should avoid nonsteroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin®, Motrin®, Naprosyn®, Advil®) because these drugs are mild blood thinners and will increase your chance of having a post-operative bleed into the facial or neck tissues.

Activity: Sleep with the head elevated for the first 48 hours. You may use two pillows to do this or sleep in a reclining chair. Gentle rotation, flexion and extension of the head and neck is permitted. No heavy lifting or straining for 2 weeks following the surgery. You should plan for 1 week away from work. If your job requires manual labor, lifting or straining then you should be out of work for 2 weeks or limited to light duty until the 2 week mark.

Wound Care: Do not wash or manipulate the neck wound for 48 hours following the surgery (except to apply ointment). The neck dressing (if applied) will be removed in the office the next

day when the drain is removed in the office. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery. If a drain has been placed in the neck, this will be removed in the office the next day by your surgeon. After the dressing has been removed, apply a thin layer of the prescribed antibiotic ointment to the wound 2 times daily. This is best accomplished by washing your hands thoroughly with soap and water and then gently coating the wound with ointment using your finger. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Pat the area dry; don't rub it with a towel. After 7 days you may gently lather the wound with soap and water.

Follow-up Appointment:

Your follow-up appointment in the office will be 1 day for drain removal and 1 week following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the postoperative visit the pathology report is reviewed and your sutures are removed.

Please call our office immediately if you experience:

*Difficulty breathing or swallowing *Facial or neck swelling *Bleeding or saliva from the wound *Fever greater than 101 degrees Fahrenheit *Purulent discharge (pus) coming from the wound *Increasing redness around the wound

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