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PATIENT EDUCATION ON PAROTIDECTOMY

The parotid gland is the largest of the salivary glands that produce saliva to aid in the proper digestion of food. This gland lies in front of and below the opening of the ear and extends down into the cheek area.

The procedure for removing the parotid gland is called a parotidectomy. Your surgeon may have recommended removal because you have a mass or 'lump'. Approximately 20% of these are found to be cancers. Occasionally benign tumors may eventually become malignant. Other reasons for removing the gland are chronic and recurring infection and parotid gland stones.

Due to the anatomy of the gland and the nerve this procedure does not remove the entire gland, but only the portions of the gland that contain the tumor. In the case of stone or infection as much of the glandular tissue that can be safely taken out is removed.

RISKS OF SURGERY:

The nerve which controls the muscles that move the face runs through the ear and enters the parotid gland where it divides into five major branches and then into smaller and smaller branches. These branches can run above and/or below the tumor and require meticulous dissection. The entire surgical procedure is designed around identifying and protecting the nerve including the use of sophisticated nerve monitoring equipment. In rare cases temporary or permanent, partial or complete facial weakness or paralysis can occur due to facial nerve injury. Sometimes this is due to swelling and manipulation during surgery. This type of weakness resolves in 99% of cases. If the tumor is malignant the nerve may be attached to or invaded by the tumor which then may require dividing the nerve branches. This will result in a paralysis of all or part of that side of the face which may begin to improve after six months if the nerve endings can be reattached or grafted. This is an extremely rare occurrence.

There will also be numbness of the area including the ear and the cheek area. This area will gradually diminish in size over the course of months. There is a small area of the ear that will not recover sensation.

This procedure is done under general anesthesia in the hospital and usually requires an overnight hospital stay. There is usually a drain in the wound which is removed the next day.

It is very important to remember that you should not be taking aspirin or any anti-inflammatory pain medications such as Motrin, Aleve, Advil, etc. for ten days prior to surgery and for two weeks following surgery. These medications act as 'blood thinners' and could cause increased bleeding during or after surgery. Some supplements can also increase bleeding such as Vitamin E, fish oil, garlic pills, ginger, ginseng, ginkgo. If you are taking prescription blood thinners such as Coumadin or Plavix, please inform your surgeon. You will need to check with the physician who prescribed these medication for instructions about discontinuing these medications. For headaches or muscle aches prior to your surgery you may take Tylenol (acetaminophen).