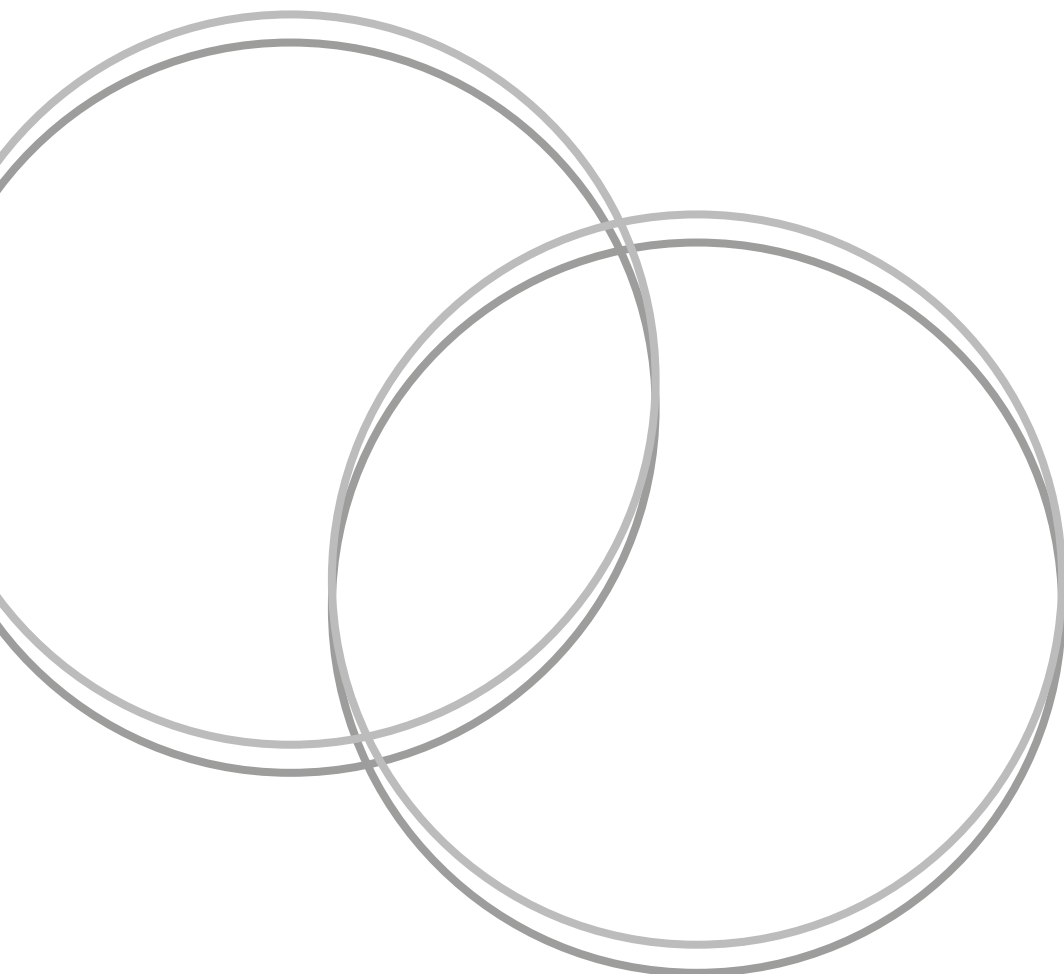


Removal of Parotid Salivary Gland

Information for patients



This leaflet will help you understand your treatment and should answer many of the questions patients commonly ask before surgery for the removal of a parotid gland. A member of staff will be available if you would like further explanation and to answer any other questions that the leaflet does not cover.

What is the parotid gland?

The parotid gland lies in front of and below the earlobe. It produces saliva. Saliva drains from the parotid gland through a tube that opens on the inside of the cheek, opposite the upper back teeth.

Why do I need my gland removed?

The most common reason for removing a parotid gland (or part of the gland) is because a lump has been found inside it. There are also other reasons which your surgeon will discuss with you.

What happens before the operation?

Pre-assessment clinic

You will be asked to attend an appointment at this clinic. Nursing and/or medical staff will go through some important checks and make certain all relevant investigations have been completed well in advance of the operation date.

Admission

You will normally be asked to come to Theatre Direct Admissions or Litchfield Day Surgery Unit on the morning of your operation. The anaesthetist will see you to explain the anaesthetic and answer any questions you may have. They will also be able to advise you about pain relief available after the operation. The surgeon will explain the details of the operation and discuss the possible risks, before asking you to sign a consent form (this may be done at the pre-assessment appointment).

It is very important that you do not have anything to eat or drink, other than water, suck sweets or chew gum for 6 hours before the operation.

This is because there is an increased risk of breathing problems if you have eaten and are then sick whilst asleep under anaesthetic.

What does the operation involve?

The parotid gland is removed under a general anaesthetic (you are asleep during the operation). The procedure will take approximately 1 to 2 hours. It involves a cut immediately in front of the ear and extending to the upper part of the neck. The cut will be made in a crease in the skin of the neck to hide the scar.

Once the gland has been removed the wound is closed with stitches. At the end of the operation a small tube is usually placed through the skin into the underlying wound to drain any blood which may collect. This is usually removed on the morning after surgery.

What happens after the operation?

After the operation you will wake up in the recovery area next to the operating theatre. You will normally be wearing an oxygen mask. The recovery nurse will monitor your pulse, blood pressure and temperature, and administer painkillers and anti-sickness medication if necessary. You will later be taken to the ward, where you can usually eat and drink as soon as you feel like it. Most patients require only one night in hospital after surgery. The next morning the doctor will check if you are fit to go home.

Some patients can go home on the day of surgery, your surgeon will advise on this.

What happens after discharge from hospital?

It is important to **keep the wound dry** for the first week after surgery. This means you need to take care when washing or shaving.

If you were given an **ointment** to apply on the wound, you must do this with clean hands twice a day for a week. This keeps the wound clean and makes it easier to remove the stitches.

The **stitches** will need to be removed one week after the operation – you need to contact your GP surgery to organise this.

It is usually advisable to take some **time off** from work to recover from the surgery. A sick note for one week may be given at the time of discharge from hospital.

You can contact your GP if you feel you need further time off.

During this time you should avoid any strenuous physical activity.

You will be sent a **follow-up** appointment through the post. This is normally for two to three weeks after surgery. If you do not receive a letter within two weeks, contact:

Oral And Maxillofacial Surgery, Restorative and Orthodontic Outpatient department

Telephone: **(01865) 743112**

Monday to Friday 9am to 5pm

What are the possible risks and side-effects?

Bleeding – from the wound is unlikely to be a problem. If it occurs it usually does so within the first 12 hours of surgery, which is why, in most cases, an overnight stay in hospital is arranged. Some staining of your clothes or the pillow at night should be expected for a few days after the operation, whilst the wound begins to heal.

Pain – the wound is unlikely to be very sore, but we will give you regular painkillers while you are in hospital and also a supply to take home. If you have any particular needs or concerns about pain relief, please talk to your surgeon or anaesthetist.

Swelling – of the area in front of the ear and the upper part of the neck is not usually significant. The swelling may be worse two days after the operation, but should go down within a few weeks.

Infection – is uncommon but if it occurs, it normally develops two to five days after surgery. You will receive some antibiotics during surgery, but your surgeon may also prescribe a short course of antibiotics to take home.

Scar – all cuts made through the skin leave a scar, but the majority of these fade with time and are difficult to see when they are fully healed. It may take several months for your scar to fade, but eventually it should blend into the natural shape of the face and folds of the neck.

Cosmetically – there may be a dent in the skin around the area of the parotid gland, if all or a large part of the gland is removed.

Salivary fistula – saliva may collect in the wound or might leak out. This usually gets better on its own but it may take several weeks for the problem to settle.

Frey's syndrome (gustatory sweating) – some patients notice that the skin in and around the ear sweats excessively around mealtimes. The skin can also turn red and feel warm. If this occurs it can usually be improved with simple treatments without further surgery.

Nerve damage – is possible. The great auricular nerve that supplies feeling to your ear lobe sometimes needs to be removed to be able to reach the parotid gland. As a result you may have a numb or tingling feeling in your earlobe.

The facial nerve, which makes the muscles of the face work, runs through the parotid gland. Damage to the nerve or its branches usually occurs as a result of bruising. This can happen whilst they are held out of the way and protected during surgery.

Nerve damage can result in weakness of the muscles on one side of your face. This is usually temporary, although it can take several months for nerves to recover. Permanent damage is possible but usually occurs in only the most difficult cases. Depending on the branch of the nerve that is damaged you may experience:

- Weakness of the lower lip, leading to a slightly crooked smile.
- Weakness of the eyelids, making it difficult to keep the eye closed. An eye patch may be worn at night to protect the eye until the nerve recovers. Facial exercises may help recovery and your surgeon will advise you accordingly.

Dry mouth is not expected. The removal of one parotid gland will not have an impact on the amount of saliva that you produce. There are many other salivary glands left in and around the mouth that will still keep it moist.

Who can I contact if I have any concerns?

There is always a doctor available at the John Radcliffe Hospital to give advice or arrange for you to be seen urgently if necessary. Please call the hospital switchboard on:

Telephone: **(01865) 741 166**

Ask to speak to the Maxillofacial Surgery on-call Team, bleep number 1049.

Further information

If you have any further questions, please speak to one of the doctors or nurses in the Oral and Maxillofacial Surgery Department.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Oral And Maxillofacial Surgery, Restorative and Orthodontic department.

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www.ouh.nhs.uk/information



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