

**Introduction**

To remove part of or whole parotid gland.

**Indications**

1. Parotid gland tumour (benign / malignant).
2. Recurrent parotid infection.
3. Provide surgical access for other head and neck procedures.

**Intended Benefits and Expected Outcome**

1. Removal of parotid gland tumor.
2. Prevent further parotid infection.
3. There is chance of incomplete removal of disease and recurrence.

**The Operation / Procedure**

An incision is made in front of the ear to the neck. Identify facial nerve and remove part or all of the parotid gland. The wound is closed with drain inserted.

**Preoperative Preparation**

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis intravenous line may be required.

**Postoperative Instruction**

- A. General**
1. Mild throat discomfort or pain because of intubation.
  2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
  3. Nausea or vomiting are common; inform nurses if symptoms severe.
  4. Inform nurses if more analgesics are required.
- B. Wound care**
1. You will have neck wound dressing and drainage tube. The drainage tube is connected to drainage bottle and will be removed after a few days.
  2. Wound pain is normal and will be controlled by medications.
- C. Diet** Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

**Common Risks and Complications** (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular : myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anaesthetic may result in serious complication although rare.

**B. Procedure related complications****Common Risks and Complications ( $\geq 1\%$  risk)**

1. Bleeding and hematoma.
2. Wound infection.
3. Numbness around pinna.
4. Frey’s Syndrome causing sweating during eating.
5. Transient facial weakness.
6. Hypertrophic scar or keloid formation.
7. Cosmetic deformity.

**Uncommon Risks with Serious Consequences ( $<1\%$  risk)**

1. Permanent facial weakness.
2. Recurrence.
3. Salivary fistula.
4. Skin necrosis.
5. Death due to serious surgical and anaesthetic complications.

## Alternative Treatment

1. Follow up with observation for benign lesion.
2. Radiotherapy for malignant lesion.
3. Antibiotic to treat infection.

## Conditions that Would Not be Benefited by the Procedure

Symptoms unrelated to parotid gland.

## Consequences of No Treatment

1. Tumour progression.
2. Recurrent infection.

## Things to take on discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. See the doctor as scheduled.

## Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

## Reference

Hospital Authority : "Parotidectomy" (2023)

Smart Patient: [http://www.ekg.org.hk/pilic/public/ENT\\_PILIC/ENT\\_Parotidectomy\\_0126\\_engchi.pdf](http://www.ekg.org.hk/pilic/public/ENT_PILIC/ENT_Parotidectomy_0126_engchi.pdf) (06-07-2023)