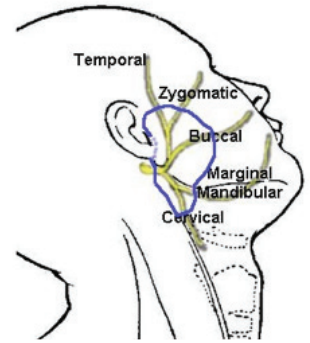




Parotid Surgery

These are operations to remove all or part of the parotid gland. The more common operation is superficial parotidectomy (also known as partial parotidectomy). Occasionally total parotidectomy is required. The parotid is a major salivary gland which is situated below and in front of the external ear. It is divided into two lobes by the facial nerve passing between them. The deep lobe lies underneath the main trunk of the nerve. An incision is made on the side of the face, alongside the ear, running beneath the earlobe and down beneath the line of the lower jaw. Only the diseased part of the gland is removed, but this usually involves removal of at least one complete lobe. The operation, which is performed under general anesthesia, often requires a brief hospital stay.



WHY IS IT PERFORMED?

The parotid is one of three major paired salivary glands which deliver their secretions by ducts into the mouth. Surgery is mainly performed for salivary tumors which arise in the parotid gland. Most of these occur in the superficial portion of the gland, and at least three-quarters are benign (non cancerous). If one of the parotids is diseased, due to infection or blockage, it becomes swollen and tense. The flow of saliva may be obstructed due to blockage of the parotid duct, resulting in severe pain on salivation. Superficial parotidectomy may be required for other conditions of the gland - including chronic enlargement or infection, or the formation of salivary calculus (stone) - which have not responded to more conservative treatment.

RISKS AND BENEFITS

Superficial parotidectomy is effective in removing obstruction and relieving unsightly swelling and the often severe pain accompanying some forms of parotid disease. A major consideration is that some salivary tumors (not in themselves painful) may become malignant in time. Benign tumors, if only partly excised, have a strong tendency to recur.

There is redundancy in the salivary system, and there is no noticeable reduction in salivary flow following removal of one of the glands.

The risks of surgery are low. Besides the usual risks of general anesthesia, they include hemorrhage, infection, and damage to the facial nerve.

THE OPERATION

In the operating room the surgeon works with you lying, anesthetized, on your back, with the head of the table slightly raised. Once an incision has been made, exposing the corner of the lower jaw, the superficial portion of the parotid gland can be separated out. The main priority now is carefully to identify the facial nerve, its branching network penetrating the substance of the gland, so that each tiny strand can be traced and preserved. With careful dissection, the portion of the gland lying uppermost of the facial nerve is peeled away and removed. If the deep lobe is affected, the facial nerve is gently pushed aside to allow extraction of the lobe. Facial nerve function is assessed throughout the operation with an electrical impulse monitor.

A flexible drainage tube is inserted into the cavity and the wound is closed. You will be moved to the recovery room for monitoring as you come out of the anesthetic.

AFTER SURGERY

Back in your room your vital signs (temperature, pulse, blood pressure, respiration) will be checked frequently in the first few postoperative hours. You will feel sleepy and possibly nauseous. Your face and neck will be swollen and sore and you may have difficulty in chewing and brushing your teeth for the first few days. You will be given pain killers as necessary

and drugs to relieve nausea. You should be able to get out of bed on the first postoperative day. The wound drain usually removed within a day or two of surgery, and the sutures are removed within 5-7 days. You will probably want only liquids at first, but you should be eating normally within a few days. You can look forward to going home shortly after the drain is removed.

GOING HOME

On leaving hospital, you will be given an appointment for a postoperative checkup with your surgeon. You will be advised to take things easy for a week or so, but in practice recovery from parotid surgery is usually uneventful, and you should be able to resume all normal activities, including driving a car and going to work, within one to two weeks.

THE FACIAL NERVE

You will be warned that some facial weakness may be present after the operation. Though there is a remote chance of permanent damage to one or more of the branches of the nerve, this is usually only temporary, but may persist for weeks to months.

POSSIBLE COMPLICATIONS

Immediate postoperative complications of parotidectomy include: hemorrhage; pooling of blood in the wound cavity (hematoma), numbness around the ear, and facial weakness. Occasionally a salivary fistula (abnormal pathway) develops, probably due to over activity by the remaining deep lobe of the gland. This normally resolves following treatment with a drug to reduce salivary flow. An annoying late complication of this operation is gustatory sweating (occurring at mealtimes) at the site of surgery. Developing in a small number of patients, 2-3 months postoperatively, this tends to diminish over the years. If the condition is severe, further surgery may be recommended.