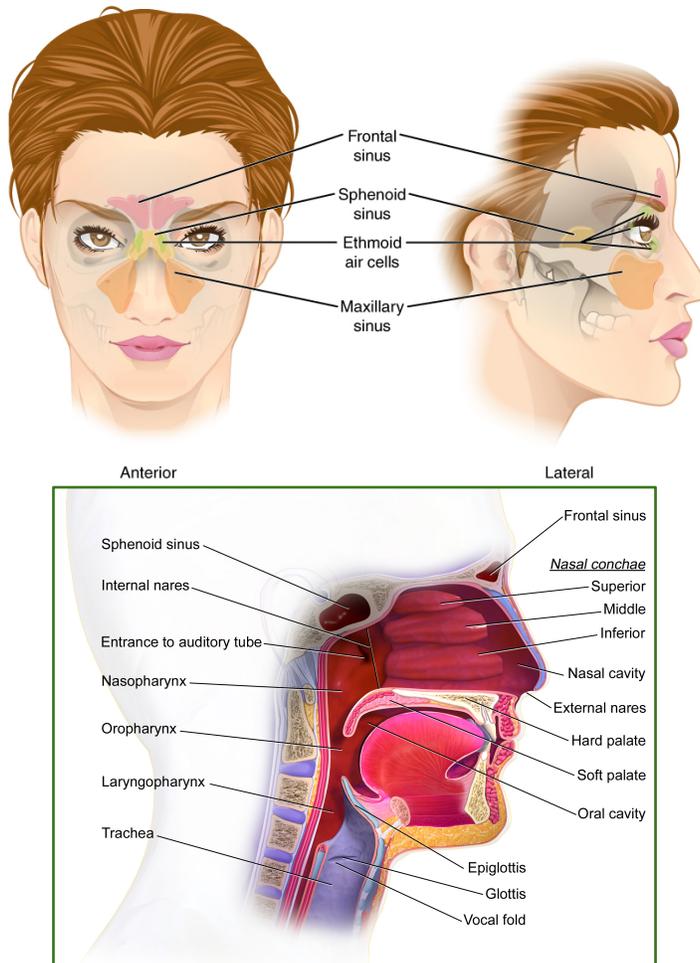




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PAROTID TUMORS

The following has been adapted from the Mayo Clinic website. The full articles may be found here: <https://www.mayoclinic.org/diseases-conditions/parotid-tumor/cdc-20388269>



Parotid tumors are abnormal growths of cells (tumors) that form in the parotid glands. The parotid glands are two salivary glands that sit just in front of the ears on each side of the face. Salivary glands produce saliva to aid in chewing and digesting food. Most parotid tumors are noncancerous (benign), though some tumors can become cancerous.

Parotid tumors often cause swelling in the face or jaw that usually isn't painful. Other symptoms include numbness, burning or prickling sensations in the face, or a loss of facial movement.

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Parotid tumor treatment is usually with surgery to remove the tumor. If the tumor contains cancer cells, additional treatments might be recommended.

Surgery

Operations used to remove parotid tumors are called parotidectomies and include:

- **Removing part of the parotid gland.** For most parotid tumors, this includes cutting away the tumor and some of the healthy parotid gland tissue around it (superficial parotidectomy).
- **Removing all of the parotid gland.** Surgery to remove all of the parotid gland (total parotidectomy) might be recommended for larger tumors and those that affect the deeper parts of the parotid gland.
- **More extensive surgery for larger cancers.** If parotid cancer has grown into nearby bone and muscles or lymph nodes in the neck, a more extensive operation may be necessary.
- **Removing lymph nodes in your neck.** Your surgeon may recommend removing some lymph nodes from your neck if your salivary gland tumor is cancerous and there's a risk that the cancer has spread to the lymph nodes. The surgeon removes the lymph nodes that are most likely to contain cancerous cells.

Are There Potential Dangers or Complications to parotid surgery?

As with any surgical procedure, parotid surgery has associated risks. Although the chance of a complication occurring are very small, it is important that you understand the potential complications and ask your surgeon about any concerns you may have.

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PAROTID SURGERY

POSTOPERATIVE INSTRUCTIONS

What should I expect after my surgery?

- Your recovery will depend on why you had surgery, the type of surgery performed, and your previous activity level.
- Neck incisions heal rapidly. You may shower and wash gently with soap and water over the incision 36 hours after surgery.
- You may see swelling or bruising develop in the area around the incision 1-3 days after surgery. You may also notice swelling, firmness, a pulling sensation, or even some trouble swallowing. This often increases over the first 1-2 weeks and then begins to resolve over 6-8 weeks. These are normal sensations.
- Your scar will be most visible for the first 1-2 months after surgery, improve significantly over 2-3 months, and gradually fade over the next 6-9 months.
- UV rays from sunlight can make your scar darker than normal. Once your surgical dressing has come off and any surgical adhesive has dissolved, please use sunblock (SPF >30) over your incision on a daily basis and reapply frequently when outdoors for long periods of time.
- Do not expose your incision to the lights used in tanning salons.
- Allow one full year for your incision site and scar to take its final form, color, and consistency. The scars are often barely noticeable, but everyone heals their scars in their own way. If you are concerned about the appearance of your scar after a year, there are options for treatment.

Will my neck hurt?

- Most patients experience very little pain from the incision and may complain more about a sore throat from the breathing tube. You may experience stiffness or soreness in your shoulders, back, or neck. Tension headaches may also be experienced and can take a few days to go away. These are common symptoms and are best treated with anti-inflammatories, warm compresses, and light massage. You may also use a heating pad on the affected areas for 15-20 minutes at a time several times a

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day. Do not sleep on the heating pad or leave the heating pad directly on the skin for extended periods of time so as to prevent accidental injury or burns.

- The skin just above and below your incision will feel numb. This will usually improve over several months, although this can be permanent in some patients.
- You may apply a cold pack over your incision to relieve any pain and help minimize swelling. This is most beneficial in the first 24 hours after surgery.
- Do not be afraid to move your neck. You may move your head in all four directions. Be careful about looking upward to any great extent so the edges of the incision do not separate.

How do I take care of my incision?

- Please do not shower or soak the wound in a bath tub, pool, or hot tub for at least two weeks. Wash gently over the incision with soap and water, and then gently pat the incision dry.

Pain control

- You will be prescribed pain medication after surgery. Take as you need for pain control. If you prefer to avoid narcotics, you should feel free to use acetaminophen (Tylenol®). Please do not take any non-steroidal anti-inflammatory drugs (NSAIDs) such as Motrin, Naprosyn, Aleve, or anything requiring ibuprofen or naproxyn

Can I resume my previous medications?

- Yes, unless directed not to by your doctor. Please read your discharge summary for the latest and most up to date list of medications you should take.
- Before discharge, be sure to review your medications with your doctor or inpatient medical team if you have any questions about what medications you should or should not take.

When should I call my doctor?

Most patients have no problems after surgery, but if you are concerned, please do not hesitate to call us for the following situations:

- If you have trouble talking or breathing.

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- If the area around your mouth/lips or the tips of your fingers on both sides of your body become numb and begin to tingle, this may indicate your calcium level is low. These symptoms may also be related to side effects of some pain medications, the position of the breathing tube during surgery, positioning of your arms and hands in the operating room, or how you were positioned when sleeping at home. If the numbness and tingling sensation does not go away within half an hour or worsens prior to that time, please call us so we may determine the cause of these symptoms. Your calcium supplementation may need to be increased. Occasionally, we will ask you to have labs drawn.
- If you develop a fever greater than 101.5 degrees Fahrenheit. We do not recommend you regularly take your temperature. Take your temperature only if you feel like you have a fever. It is common to have a low grade fever in the late afternoon/early evening. This does not mean you have an infection.
- If your incision becomes red or begins to drain fluid.
- If you are discharged with a drain and the site becomes red, swollen, or you have a large change in the amount of drainage (more or less).
- If you experience significant nausea, vomiting or abdominal pain.

When will I receive follow-up care?

- The clinic nurse will call you 1-3 days after your discharge to see how you are feeling.
- You will be scheduled for a return visit at Carolina Pines ENT clinic about 1 week after surgery. If blood tests have been requested at the time of your return visit, please go to the lab before you check-in for your appointment. Remember to take your lab requisition form with you and allow 15-20 minutes to have your blood drawn.

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PAROTIDECTOMY +/- ABDOMINAL FAT GRAFT SURGERY

The patient meets the indications for parotid surgery +/- fat graft.

The risks, benefits, indications, complications and alternatives to this procedure were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

- ***

Responsible Party Signature: _____ *Date:*

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