

# SURGERY TO REMOVE A PAROTID GLAND TUMOR (PAROTIDECTOMY)

## WHAT ARE PAROTID GLANDS?

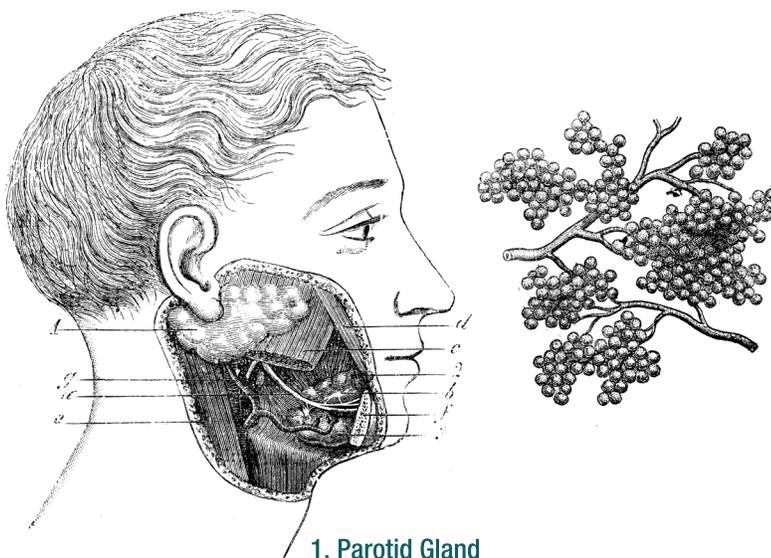
The parotid glands are the body's largest salivary gland. They are paired glands, located in front of the ears and extending to the area beneath the earlobe along the lower border of the jawbone. Salivary gland tumors usually show up as painless enlargements of these glands. These tumors rarely involve more than one gland and are detected as a growth along the angle of the jawbone. Some malignant tumors of the majority of salivary glands can grow quickly, are painful, and can cause loss of movement in part or all of the affected side of the face. These symptoms should be immediately investigated.

## TREATMENT

Surgery is recommended for almost all parotid gland tumors, whether cancerous or benign. Although most tumors grow slowly and are non-cancerous, they will often continue to grow and occasionally can become cancerous.

Treatment of a parotid tumor generally requires removing the parotid gland (parotidectomy). Parotid surgery is often performed through discrete incisions in the skin creases around and behind the ear. The surgery can be complicated because a nerve controlling facial movement runs through the gland. When malignant masses are present in the

parotid gland, it may be possible to surgically remove these masses and preserve most of the facial nerve, but if the malignancy is growing into the nerve, it must be sacrificed, resulting in facial paralysis. For cancerous tumors, radiation treatment will often be recommended after surgery. This is typically administered four to six weeks after the surgical procedure, to allow adequate healing before irradiation.



(Over)

## RISKS

- Facial nerve paralysis after minor surgery should be minimal. After major surgery, a graft is attempted to restore nerve function to facial muscles.
- Salivary fistulas can occur when saliva collects in the incision site or drains through the incision.
- The most common long-term complication of parotidectomy is redness and sweating in the cheek, known as Frey's syndrome.
- Other risks include hematoma (collection of blood under the skin) and infection.
- Recurrence of cancer is the single most important consideration for patients who have undergone a parotidectomy. Long-term survival rates are largely dependent on the tumor type and the stage of tumor development at the time of the operation.

## CARE OF YOUR INCISION

An incision is when a surgeon cuts into your body tissues. After surgery, the incision needs to be cared for properly to prevent infection.

- All of your sutures are absorbable. They do not need to be removed.
- Apply Vaseline ointment or antibiotic ointment to your incisions twice daily to help keep it moisturized.
- Take all medicine as directed by your physician. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your physician.
- Take showers. Do not take tub baths, swim, or do anything that may soak the wound until it is healed. Pat your incision dry after the shower; do not rub the stitches.
- Avoid lifting any weight until you are instructed otherwise.
- Do not pick or scratch at the wound.

## WHEN TO SEEK MEDICAL CARE?

- You have redness, swelling, or increasing pain in the wound that is not controlled with medicine
- You have drainage, blood, or pus coming from the wound that lasts longer than one day
- You develop a fever greater than 101.5, muscle aches, chills, or a generally ill feeling
- You notice a bad smell coming from the wound or dressing
- Your wound edges separate before or after the sutures, staples, or skin adhesive strips have been removed or absorbed.
- You develop persistent nausea or vomiting
- If you experience difficulty breathing, call 911 or go to the emergency room

If you have any questions or problems and it is during office hours (8:00 am-5:00 pm, Monday-Thursday) (8:00 am-4:00 pm Friday), please call our nurse at 205-801-7801, opt 2.

After hours and weekends, page the ENT resident on call at 205-934-3411.