

Removal of Parotid Salivary Gland

Oral & Maxillofacial Surgical Services

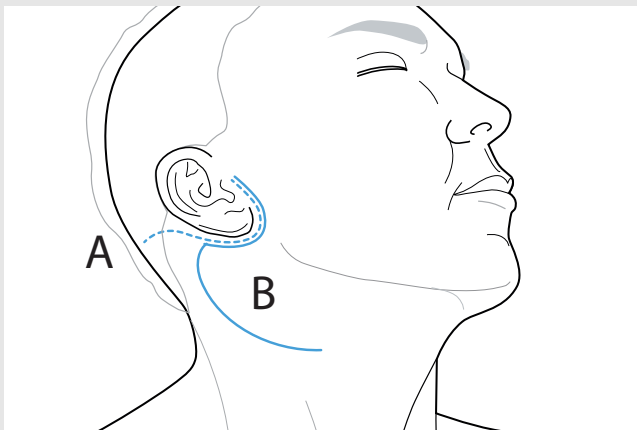
This leaflet has been designed to improve your understanding of common operations performed on the parotid salivary gland.

The parotid gland

The parotid gland is a major salivary gland lying in front of and below the ear. Saliva drains from the gland through a tube that opens on the inside of the cheek next to the upper back teeth.

The facial nerve, which moves the muscles of the face, runs within the parotid gland. It separates the gland into a superficial and deep part.

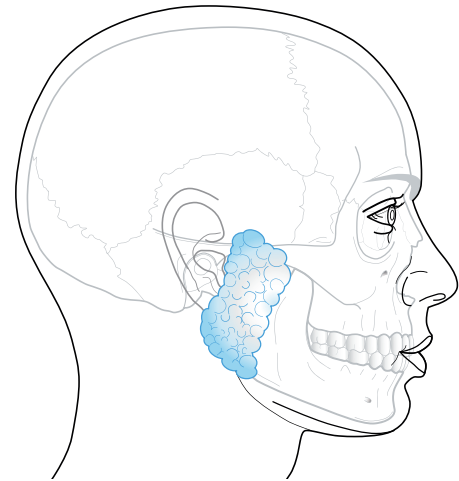
The incision site



Investigations required

You may have one or more of these tests:

- Ultrasound scan
- MRI or CT scan
- Fine needle aspiration
- Sialogram



The operation

Why would it need an operation?

- The most common reason for removal of the gland is a lump (tumour).
- Most tumours are in the superficial part of the gland and benign.
- Other indications include repeated infection, salivary stones and malignant tumours.

What does the operation involve?

- The operation is under general anaesthesia (you are asleep).
- The incision is in front of the ear and extends down into the neck (A) or up into the hairline (B).
- The facial nerve is identified and protected
- The superficial part of the gland is removed for most tumours and infections. If the deep part of the gland is involved then this will also be removed.
- The operation takes two to three hours
- Occasionally it may be possible to have a smaller operation for certain lumps or keep the superficial part of the gland.
- A drainage tube is placed through the skin.
- A head dressing reduces the chance of a blood clot forming.

Recovery

What can I expect after the operation?

- A night in hospital.
- Discomfort, swelling and bruising.
- Stiff neck and numb skin of the neck, cheek and earlobe.
- Regular painkillers will be given.
- You may require an eye pad to protect the eye at night.
- The drain and head dressing are usually removed the next day.
- The stitches are removed after one week.
- It takes several months for the neck, cheek and incision site to soften, especially if there has been a lot of infection

Do I need to take time off work?

- Usually one to two weeks
- A month to recover more fully.

Is there anything that I need to do when I get home?

- Initially avoid strenuous activity
- Keep the wound dry until the stitches are removed.
- Take care when washing or shaving.

Will I have a scar?

- All incisions leave a scar but the majority fade.
- The incisions are placed to make the scar less visible.
- Scar revision or secondary surgery is rarely required.
- Removal of the gland creates a hollowing in front of the ear and behind the jaw. This is more marked if all of the gland is removed.
- Local tissues are used to minimise the defect.

Risks and complications

What are the possible problems?

Occasionally:

1. Bleeding
2. Infection
3. Saliva leaks
4. Thickened scar
5. Sensitive scar

Is damage to the nerves possible?

- Bruising or swelling of the facial nerve can cause weakness of movement of part or all of one side of the face.
- Weakness may affect just the lower lip or eye.
- The risk of temporary weakness is approximately:
 - 33% (one in three patients) for most benign tumours
 - 50% (one in two patients) after repeated infections or malignant tumours.
- Weakness usually takes 3 to 6 months to recover but may be quicker or delayed to 24 months. Occasionally recovery is incomplete.
- The nerve to your ear lobe is often cut causing permanent numbness.
- Numbness or altered sensation of the skin around the cheek, neck and incision is usually temporary. Recovery is usually complete within 3 to 6 months, but, occasionally, may be incomplete.

Is permanent nerve damage possible?

- Permanent damage usually only occurs in the most difficult cases: large or malignant tumours, after multiple infections and with repeat operations. The risk of permanent weakness of part or all of the face is approximately:
 - Up to 2% (two in 100 patients) for benign tumours and infected glands
 - 10% (one in ten patients) for repeat operations
 - 50% (one in two patients) for malignant tumours

Long-term effects

Are there any other long-term effects?

- The removal of one parotid gland will not significantly effect the amount of saliva you produce.
- Occasionally the skin around the ear may sweat, turn red or feel warm when eating. This is usually a minor irritation and can be alleviated with simple treatments.

Please contact us:

If you have any problems between appointments

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